

# POLK COUNTY 2015 COMMUNITY HEALTH ASSESSMENT

Revised September 2018



Brought to you by:

Polk Vision's  
Community Health  
Assessment Team



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# **Section I: Executive Summary**

# Introduction

This Community Health Assessment is the result of a 2-year process seeking to identify the major health and social issues affecting the health status and quality of life in Polk County.

It seeks to provide a compilation of consumer opinion from local residents, input from members of the local public health system including key stakeholders, and statistical data garnered from multiple sources.

A community health assessment looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement.

Polk Vision's Community Health Assessment Team comprised of a diverse group of public, private, non-profit, social services, and governmental entities that make up the public health system in Polk County utilized a nationally recognized model called MAPP (Mobilizing for Action through Planning and Partnership) to conduct the 2015 Community Health Assessment. **The MAPP process is described on the following page.**

The information in this document can be used to plan community health improvement projects and assist community partners in aligning resources focused on improving the health of the community.

## Impact of Previous Assessments

Prior MAPP assessments have been used to initiate community health improvement efforts.

In 2008, lack of access to primary health care by uninsured residents resulted in frequent visits to local emergency departments. Community partners came together and with the financial aid of a low income pool grant were able to create access to medical, dental, and behavioral health care for many uninsured low income residents in Polk.

In 2012, obesity was recognized as a significant public health threat in Polk County. A group of community partners brought together by Polk Vision established Building a Healthier Polk to focus efforts on reducing the obesity rate in Polk County.



# Overview and Methods

## Goal

To work collaboratively as a community to improve the health and well-being (quality of life) of Polk County.

## Mobilizing for Action through Planning and Partnerships

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool or process for improving community health. MAPP was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Centers for Disease Control and Prevention (CDC).

This process includes four community health assessments used to better understand the assets and needs of a community and assist public health system partners as they focus on aligning resources toward improving the health and well-being (quality of life) of the community.

### MAPP assessments conducted in 2014 and 2015:

#### Community Themes & Strengths Assessment

Identified issues that interest the community, perceptions about quality of life, and community assets. *This report was compiled from over 3,500 consumer surveys, 9 focus groups comprised of 72 residents and 5 key informant interviews.\**

#### Forces of Change Assessment

Identified forces that are or will be affecting the community or local public health system. *Threats and opportunities were compiled from facilitated discussions with representatives from various organizations in Polk.\**

#### Local Public Health System Assessment

Measured capacity and performance of the local public health system and entities that contribute to the public's health. *Over 80 subject matter experts from a cross section of professional entities participated in a one day workshop to complete this assessment.\**

#### Community Health Status Assessment

Assessed data about health status, quality of life and risk factors in the community.\*



The results of the MAPP assessments were analyzed and compiled into this report, entitled the **Polk County 2015 Community Health Assessment**. \*A summary of these reports can be found on pages 10-11.



# Key Themes

Key Themes were re-occurring topics or concerns discovered during the assessment process. These issues were recognized in consumer opinion surveys, in public health community discussions, and in analysis of statistical health data.

## Access to Care

### Consumer Opinion in Polk

- Access to health services was rated as important to health and quality of life by residents in 2011 and 2014.
- 68% of survey respondents perceived access to basic health services for them and their family as good or excellent. 67% of respondents indicated they had some form of health insurance.

Lack of access to mental health services was mentioned as a concern in both key informant and focus group participants.

In the Forces of Change assessment the public health community expressed concern over what would happen to the uninsured and underinsured residents of Polk, if the 1/2 cent Indigent Health Care surtax is not renewed by Polk voters. This surtax is scheduled to sunset in 2019.

Polk County's ability to link people to needed health services and assure health care was identified as an area for improvement by the local public health community (Local Public Health System Assessment).

Access to transportation was rated as important to health and quality of life by residents, as this enables people to get to the grocery store, jobs, and medical appointments.

Lack of transportation was mentioned as a contributing factor to health problems in 2011 and in 2014.

### Health Data

In 2013, 19% of Polk residents were uninsured, 20% had Medicaid, 22% had Medicare, and 38% had private insurance.

Barriers to access include lack of insurance, health literacy, language barriers, transportation, patient mistrust and refusal of services.

In 2014, the Indigent Health Care program served nearly 47,000 people by funding direct care services through the Polk Health Care Plan or by providing some funds to free and low-cost medical, dental and behavioral health clinics. It is estimated that an additional 70,000 Polk County residents did not receive routine primary care.

The 2014 Physician Workforce Annual Report shows an aging physician workforce and one that is becoming more specialized.

## Health Disparities

Health disparities exist when one group of people gets sick or dies more often than another group. Addressing health disparities in Polk is important because these issues contribute to increased healthcare costs.

For example in Polk:

Blacks make up a disproportionate number of hospitalizations from diabetes, asthma and stroke.

Whites have higher diagnoses of diabetes and hypertension.

Hospitalizations from diabetes and asthma are higher in minorities.

Hispanics are more likely to report they could not see a doctor or a dentist in the past year due to cost.

Whites are less likely to have consumed five fruits and vegetables per day.

Whites are more likely to have had their cholesterol checked in the past 2 years.

Black women are more likely to have late or no prenatal care, have premature births and to have low birth weight babies.

Whites have higher rates of suicide and Blacks have higher rates of homicide.

Whites have higher rates of hospitalization from falls and Blacks have higher hospitalization rates from firearms.

## Chronic Diseases

### Consumer Opinion in Polk

Residents rated chronic diseases among the greatest health issues in 2011 and 2014. Specifically diabetes, hypertension, asthma, COPD (chronic obstructive pulmonary disease) and cancer were mentioned by residents as issues.

### Health Data

In 2013, chronic diseases accounted for the leading causes of death in Polk.

The five major causes of death were heart disease, cancer, chronic lower respiratory disease (CLRD), stroke and diabetes.

Asthma hospitalizations rates for adults and children are in the least favorable quartile as compared to other counties in the state and are getting worse.

Diabetes hospitalization rates for both adults and children are increasing and are in the least favorable quartile.

Incidence of melanoma is in the least favorable quartile in the state and is getting worse.

## Weight

### Consumer Opinion in Polk

Residents rated overweight and obesity as one of the greatest health issues and among the most urgent risks to health in Polk County in 2011 and 2014.

Related factors such as lack of access to affordable healthy food, lack of grocery stores and unhealthy food habits were also noted.

Access to healthy food and physically active residents were noted as important qualities for a healthy community.

### Health Data

While the adult obesity rate in Polk has improved slightly in the past three years, it is in the least favorable quartile compared to other counties in the state.

Polk is in the least favorable quartile in the state for:

Adults who participated in 150 minutes or more of aerobic physical activity per week.

Adults who participated in muscle strengthening exercises two or more times per week.

Adults who are sedentary.

Adults who consume at least 5 servings of fruits and vegetables a day.

Births to mothers who were obese at the time pregnancy occurred.

Number of middle and high school students who were physically active for at least 60 minutes per day on all 7 of the past days.

WIC children age 2 and older who are overweight or obese.

## Mental Health

### Consumer Opinion in Polk

Consumers mentioned strong families, personal networks, support systems, and access to mental health services as qualities of a healthy community.

Drug court, mental health court, domestic violence shelters, Bridges of Auburndale, Peace River Center, and Tri-County Human Services were specifically named as strong resources providing support for mental health issues in Polk County.

Consumers ranked mental health issues as among the greatest health problems and urgent risks to health and safety in Polk County. Mental health issues were also identified as health problems in the 2011 survey.

### Health Data

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides regional data on a number of mental health indicators. Data shows:

Age groups 12-25 had more major depressive episodes in the past year than the 26 and over age group.

Those 18-25 years of age were twice as likely to have had serious thoughts of suicide in the past year when compared to those over 26 years of age.

## Key Themes

Males are more likely to commit suicide than females.  
Suicide rates in males increase with age.  
Suicide rates in females is highest in those 45-64 years of age.

### Substance Abuse

#### Consumer Opinion in Polk

Residents rated substance abuse, specifically drug and alcohol abuse, among the greatest health issues and urgent risks in Polk County in 2011 and 2014.

Illicit drug dependence or use is a concern among residents and law enforcement.

#### Health Data

##### *Alcohol Use:*

Alcohol use among youth has been declining since 2010.

Heavy alcohol use or binge drinking is highest in the 18-44 age group.

Hospitalizations or emergency department visits due to alcohol intoxication occurs more often in males and in persons between 45-59 years of age.

Since 2011, the rate of total motor vehicle crashes in Polk County have been increasing.

Since 2007, the rate of alcohol-related motor vehicle crashes have been decreasing in Polk.

Between 2011-2013, less than 1% of the total motor vehicle crashes in Polk were alcohol related.

##### *Illicit Drug Use:*

In Circuit 10, which includes Polk, Hardee and Highlands Counties, illicit drug use and nonmedical use of pain relievers in the past year was highest in the 18-25 age group.

Marijuana use was the most commonly reported and use was highest in the 18-25 age group.

High School youth report it is easier to obtain marijuana.

Polk youth who perceive their parents think it is wrong to smoke marijuana is declining.

### Crime and Safety

#### Consumer Opinion in Polk

Low crime rate and safe neighborhoods were rated as important qualities by residents.

Gangs, juvenile violence and violent crime were rated as some of the urgent health and safety risks facing Polk County by residents in 2011 and in 2014.

#### Health Data

The Polk County crime rate has been on a decline since 2010.

Even though the overall crime rate is decreasing there are some areas of concern. The following indicators are in the least favorable quartile in the state:

Domestic violence offenses

Burglary and motor vehicle theft

Homicide deaths in the 19-21 year old age group

Although crime is a concern among Polk residents, unintentional injuries resulting in death rank higher in all age groups. The cause of unintentional injury deaths varies by age group.

Unintentional injury deaths in the 5-11 and the 12-18 year age groups are in the least favorable quartile in the state.

The top three causes of unintentional fatal injuries are motor vehicle crashes, poisoning and falls.

### Communicable and Infectious Diseases

#### *Sexually Transmitted Diseases (STDs)*

#### Consumer Opinion in Polk

Sexually transmitted diseases were mentioned as health issues and urgent health risks in 2014.

#### Health Data

Over the past few years the rates of bacterial STDs have been trending upwards in Florida and in Polk County.

## Key Themes

Nationally nearly 50% of STDs occur among young people 15-24. In Florida that rate is 60% and in Polk it is 68%.

In 2013, Florida ranked #3 in the nation in diagnosed Syphilis cases.

In 2013, Florida ranked #1 in the nation in newly diagnosed HIV/AIDS cases.

### **Vaccine-Preventable Disease**

#### **Consumer Opinion in Polk**

Although Polk County did not mention vaccine-preventable diseases as a major health concern for 2014. However, due to the public health significance of vaccinations this section was included.

#### **Health Data**

In Polk, rates of Pertussis cases have increased over the past 10-12 years, but Polk's rate is less than the state.

In 2014, two-year olds fully immunized in Polk County was below the state rate.

In 2012-2014, Polk County was higher than the state rate for both Kindergarteners and 7th graders fully immunized.

## **Maternal and Infant Health**

#### **Consumer Opinion in Polk**

Maternal and Infant Health was not noted as a health issue or concern from the consumer surveys conducted in 2014.

Issues affecting some pregnant women and their babies in Polk identified in a key informant interview include: obesity, mental health issues, access to transportation for proper prenatal care, sexually transmitted diseases and prescription drug use.

#### **Health Data**

In Polk, births to mothers' ages 10-19 years old have decreased 23% since 2000, but remains higher than the state rate.

In Polk, approximately 53% of births between the years 2011-2013 were to women who were either overweight or obese at the time pregnancy occurred.

In Polk, 21% of births are to mothers who are 18 or over without a high school education.

Low birthweight and premature birth outcomes in Polk are average when compared to other counties in the state.

When looking at specific populations such as race (Black/White) and ethnicity (Hispanic/Non-Hispanic), health disparities exist in the following health measures:

Births and repeat births to mothers aged 15-19 is highest among the Hispanic population.

White women are more likely to smoke during pregnancy.

Births with no prenatal care are highest among the Black population.

Pre-term births and those of low birth weight are highest among the Black population.

Fetal and infant deaths are the highest among the Black population.

## **Child Health**

#### **Consumer Opinion in Polk**

It is important to look at key themes related to child and adolescent health separate from adult health as interventions would be different.

#### **Health Data**

Children's health indicators have been covered in other sections of this report. However, since there are many areas where Polk ranks in the least favorable quartile as compared to other counties in the state, health factors relating to children and adolescents are summarized in this section.

Polk is in the least favorable quartile in the state for the number of children and adolescents hospitalized for diabetes and for asthma. High school students who report having asthma is also in the least favorable quartile.

Polk is in the 4th quartile for:

WIC children who are overweight or obese

High school students who are obese, and

Middle school students without sufficient vigorous physical activity.  
Indicators in the worst quartile related to a child's social and physical environment include the following:  
Referrals to Department of Juvenile Justice for 10-17 year olds  
Out of school suspensions for middle and high school age students  
Number of children in foster care for 12-17 year olds

## **Section II: Quality of Life**

# Consumer Opinion

## ***What Polk Residents Think is Important***

The **Community Themes and Strengths Assessment** involved getting consumer input on health and quality of life in Polk County. Opinions were collected from over 3,500 consumer surveys, 9 focus groups comprised of 72 residents and 5 key informant interviews. Demographically the respondents reflect the county's demographics for race, ethnicity, socio-economic status, education level and age.

In an effort to capture those groups less likely to be reached through the electronic and manual surveys, nine focus groups were conducted. Participants included individuals receiving services through behavioral health, independent living, transitional housing, a hospital and an employment agency. The questions mirrored those asked in the consumer survey and were designed to gain more insight.

In addition, five key informant interviews were conducted with organizations providing medical and/or social services to the migrant population, the elderly, pregnant women and women with children up to 3 years old and law enforcement. The results are summarized in the final report available at [www.mypolkhealth.com](http://www.mypolkhealth.com)

### **Consumer Opinions:**

Polk residents rated the following as **important qualities that make a community healthy and improve the quality of life**:

Good jobs and healthy economy (in 2011 and 2014)

Low crime and safe neighborhoods

Good neighbors, a caring community; strong families; personal networks and support systems

Access to health services (basic and specialty) (in 2011 and 2014)

Majority of residents perceived the following as **fair or poor** in Polk:

Job opportunities (in 2011 and 2014) and Economy (in 2011 and 2014)

Polk as a safe place to live and their neighborhood as a safe place to live

Overall health of Polk County

The way in which the community provides services in Polk

The overall quality of life

Majority of residents perceived the following as **good to excellent** in Polk:

Acceptance within their individual neighborhood

Their individual health

Access to health care (including specialty care) for them and their families

A place to raise children

A place to grow old

Access to parks, libraries, pools, playgrounds and community centers (both in Polk County and in their individual neighborhoods)

Residents ranked the following as the **top three health problems** in Polk:

Overweight and obesity

Mental health and substance abuse

Chronic diseases

Residents ranked the following as the **three most urgent risks to health and safety**:

Drug abuse

Gangs and juvenile violence (in 2011 and in 2014)

Being overweight

The major health and safety issues identified were consistent across surveys, focus groups and interviews and are very similar to issues identified in the 2011 assessment. Lack of transportation and lack of access to health care was mentioned more often among the focus group participants.

# Opinion of the Public Health Community

The **Forces of Change Assessment** seeks to identify factors that can affect health in a community. This assessment was completed through two facilitated discussions with representatives from various organizations in Polk. Representatives were asked the following questions:

**What is occurring or might occur that affects the health of our community or the local public health system?**

**What specific threats or opportunities are generated by these occurrences?**

The results can be used to assist the community in preparing how to respond to or capitalize on these factors and events.

Eight major forces of change and associated threats and opportunities are summarized in the final report available at [www.mypolkhealth.com](http://www.mypolkhealth.com)

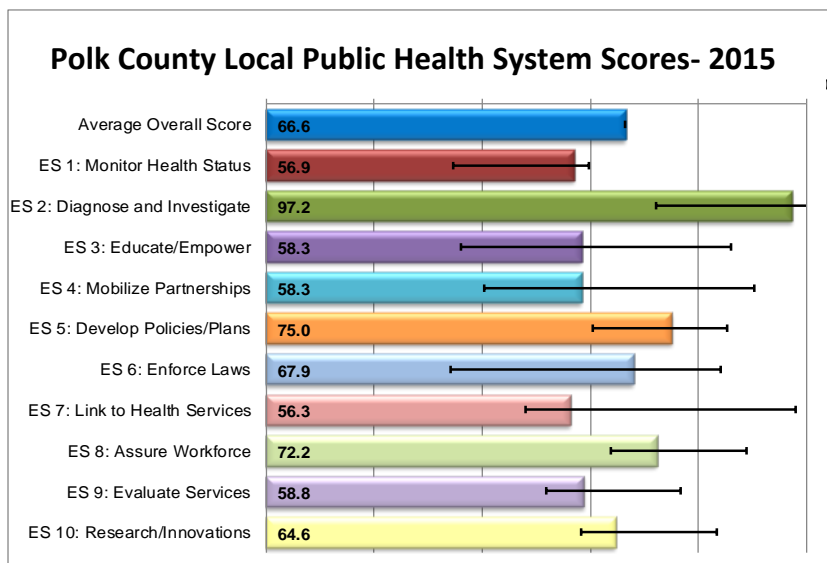
The **Local Public Health System Assessment** focuses on all organizations and entities within the community that contribute to the public's health. This assessment answers the question **"How well does Polk County provide the ten essential services of public health?"** The Essential Services are public health activities that should be undertaken in all communities (see listing in Chart 1).

More information on the 10 essential services of public health can be found at the [National Association of County and City Health Officials](http://www.nacpho.org) website.

In February, 2015, over 80 subject matter experts representing health care, governmental agencies, emergency management, law enforcement, social services and education participated in a one day workshop to complete this self-assessment. The final report is available at [www.mypolkhealth.com](http://www.mypolkhealth.com)

Chart 1 shows the score for each essential service and can be used to identify strengths and weaknesses in the delivery of essential health services in Polk County. *Diagnosing and investigating health problems and health hazards* scored the highest. The services that scored the lowest were *linking people to health services* and *monitoring health status to identify community health problems*.

**Chart 1**



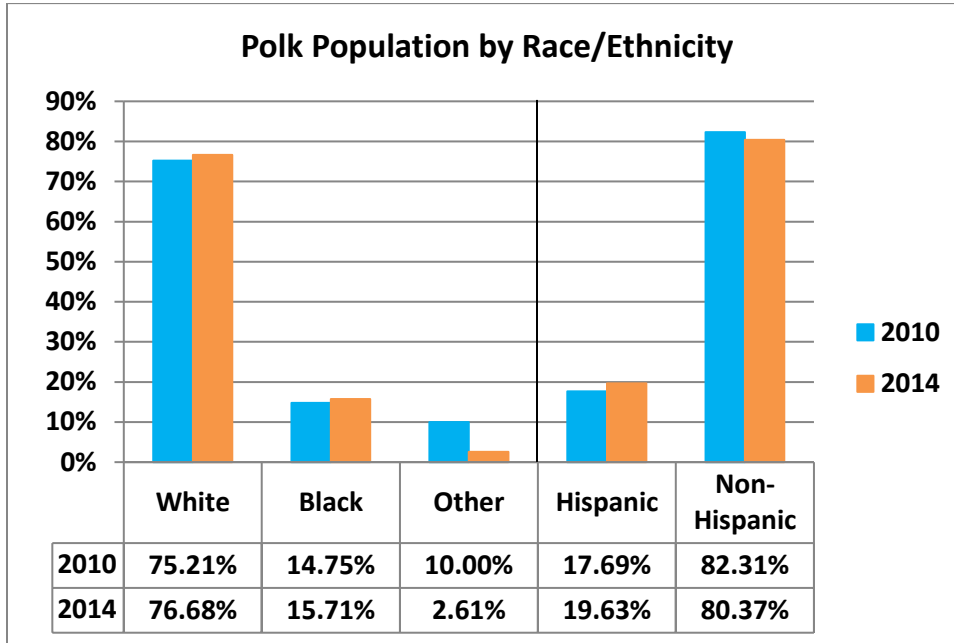
Source: 2015 Polk County Local Public Health System Assessment ES = Essential Service of Public Health



# Population Demographics

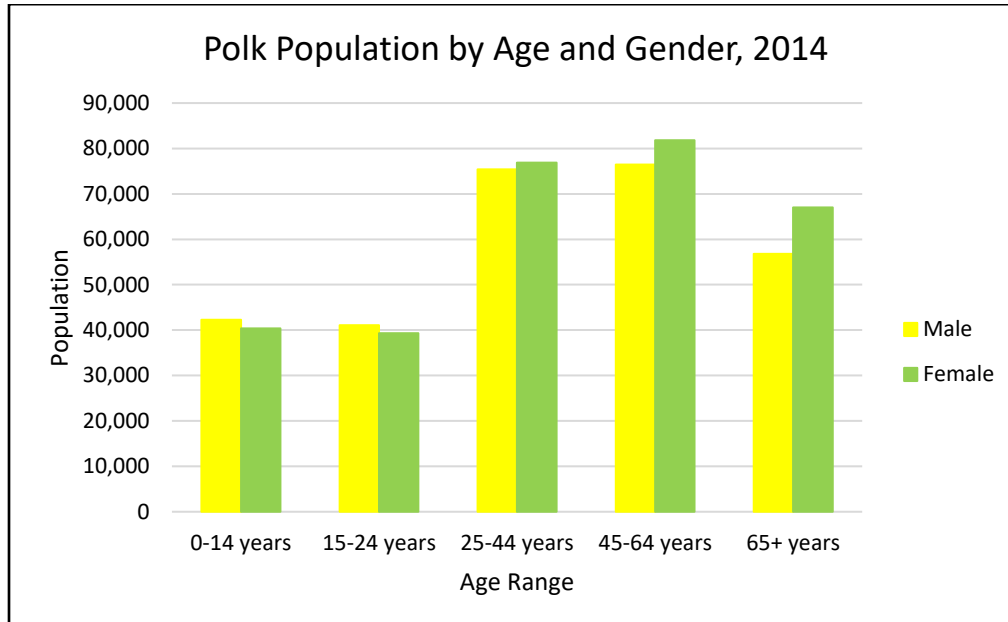
Polk County's population in 2013 was estimated to be 615,213, an increase from 602,095 in 2010. The increase has been in the Hispanic and White population with a slight increase in the Black population.

**Chart 2**



Race = White/Black/Other Ethnicity = Hispanic/Non-Hispanic  
Source: U.S. Census Bureau 2014 American Community Survey

**Chart 3**

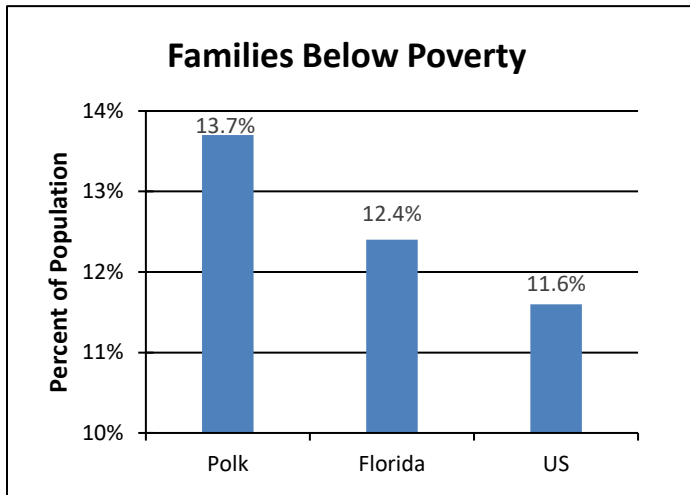


Source: U.S. Census Bureau 2014 American Community Survey

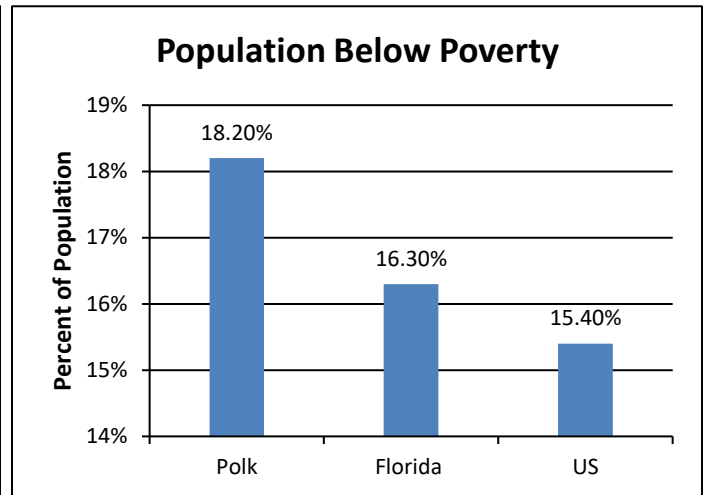
# Population Demographics

The poverty level in Polk is greater than the state and the nation as evidenced by Chart 4 and 5 below.

**Chart 4**



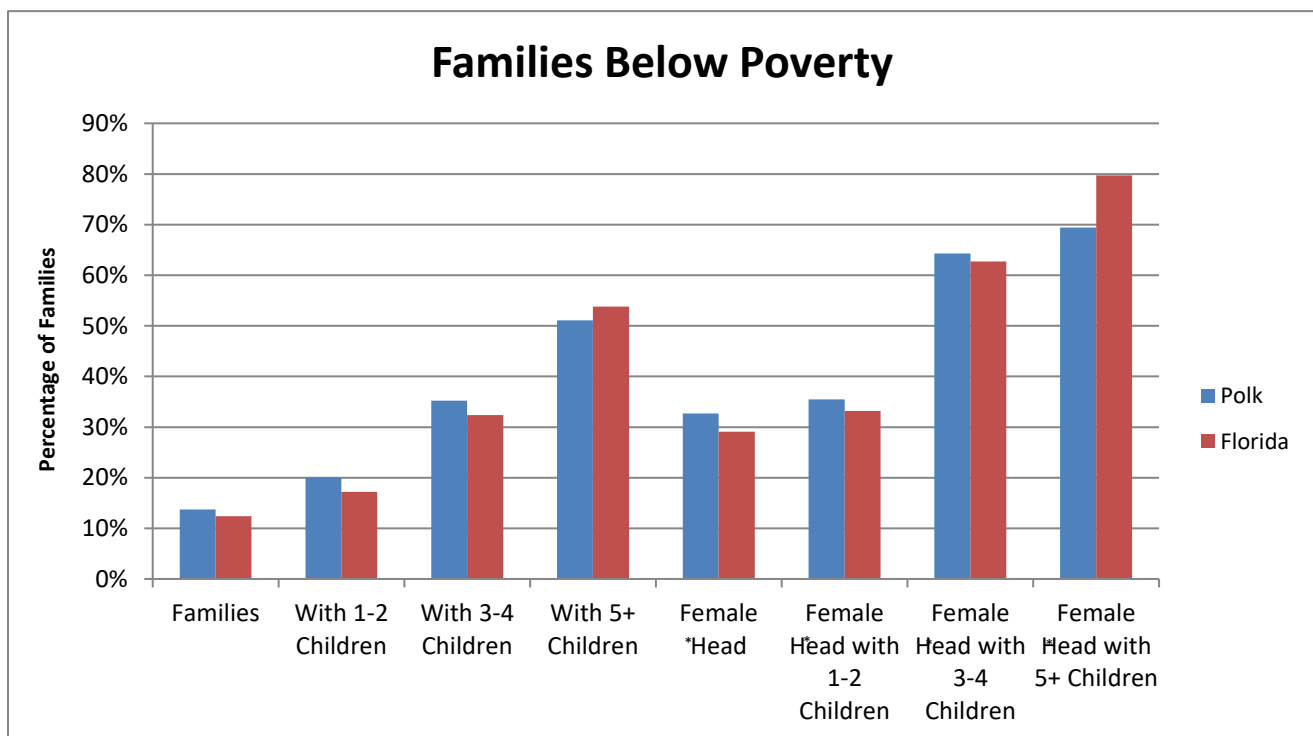
**Chart 5**



Sources: U.S. Census Bureau 2013 American Community Survey

Data shows that families with children headed by a single female are the most impoverished.

**Chart 6**



Source: U.S. Census Bureau 2013 American Community Survey

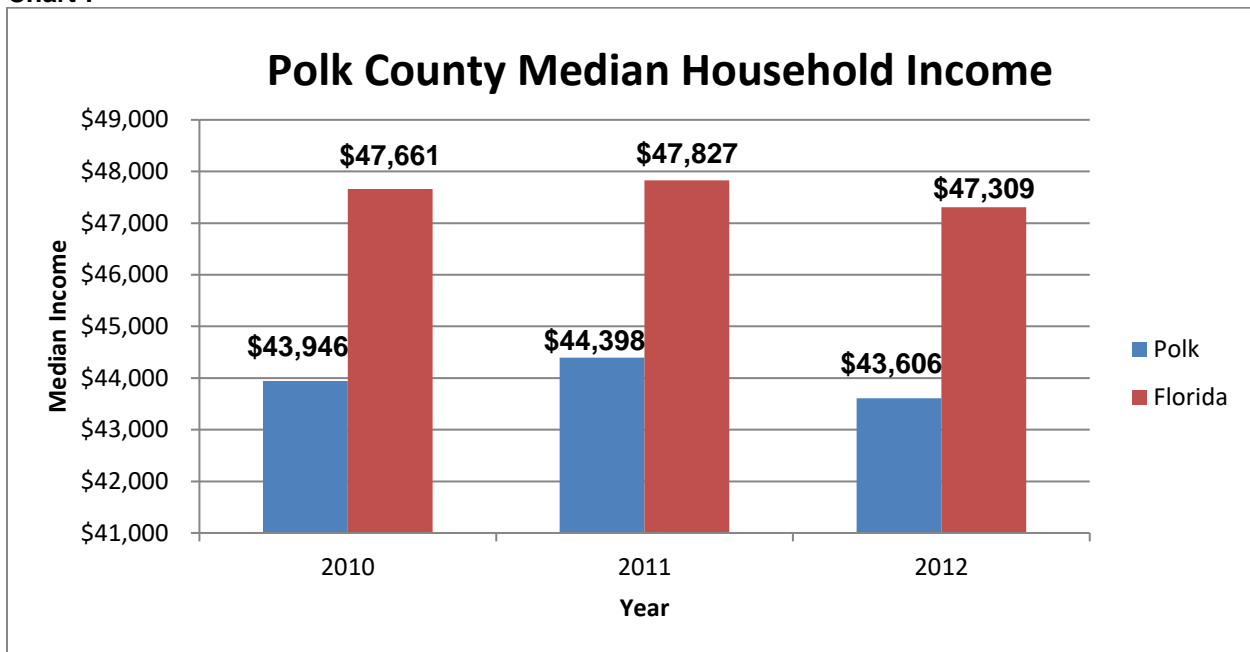
\*Female Householder with no husband present

**Data sources for this section: U.S. Census Bureau 2013 American Community Survey**

# Population Demographics

The median family income in Polk declined between 2010 and 2012 and is below that of the state.

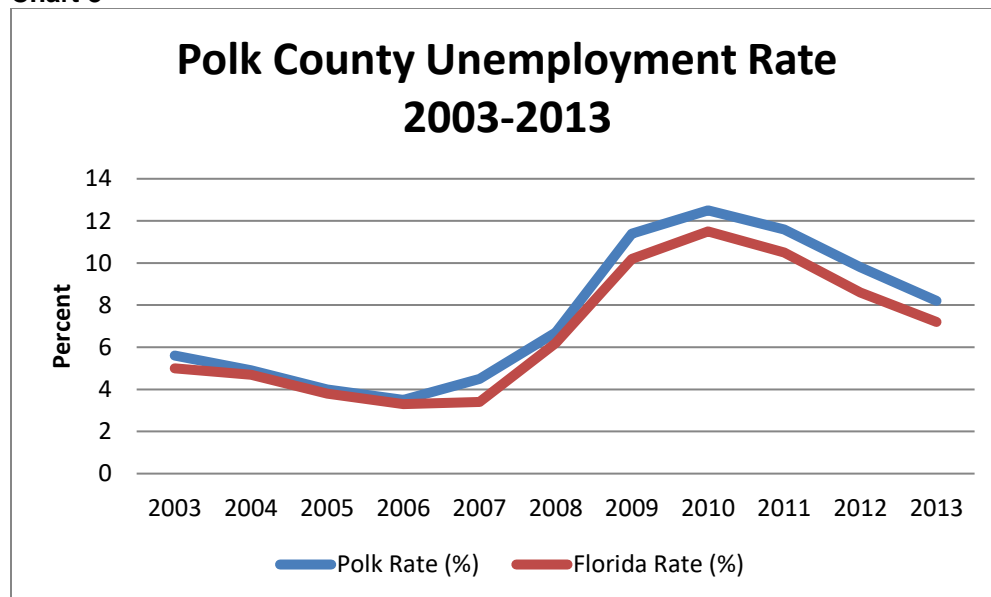
Chart 7



Source: U.S. Census Bureau 2013 American Community Survey

Polk's unemployment rate is improving but is still higher than the state.

Chart 8



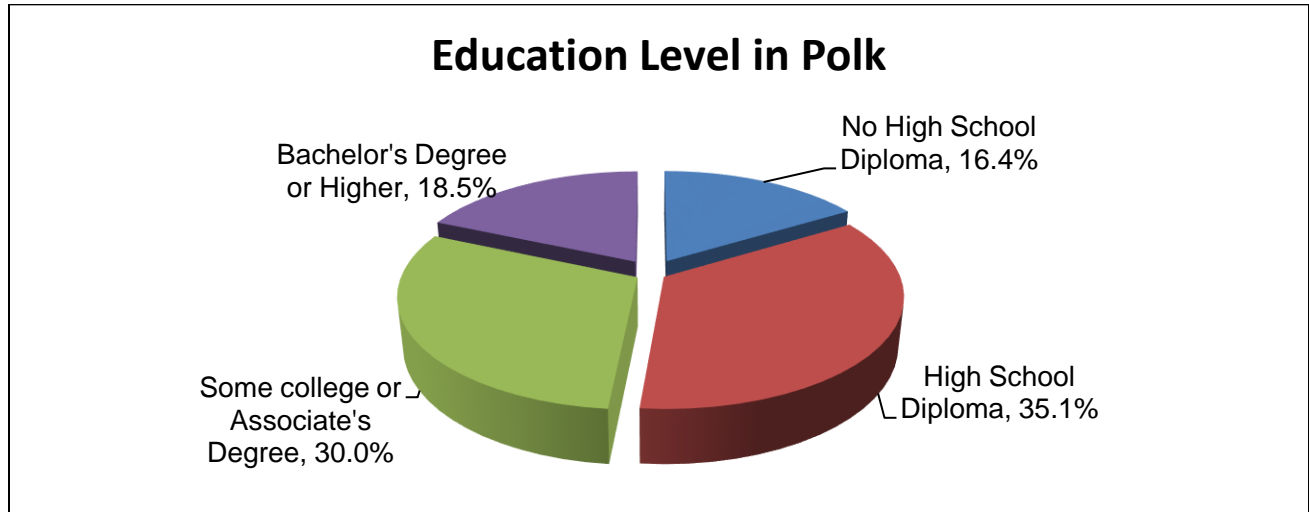
Source: U.S. Census Bureau 2013 American Community Survey

Data sources for this section: U.S. Census Bureau 2013 American Community Survey

# Population Demographics

Over half of the county's population has a high school diploma or less.

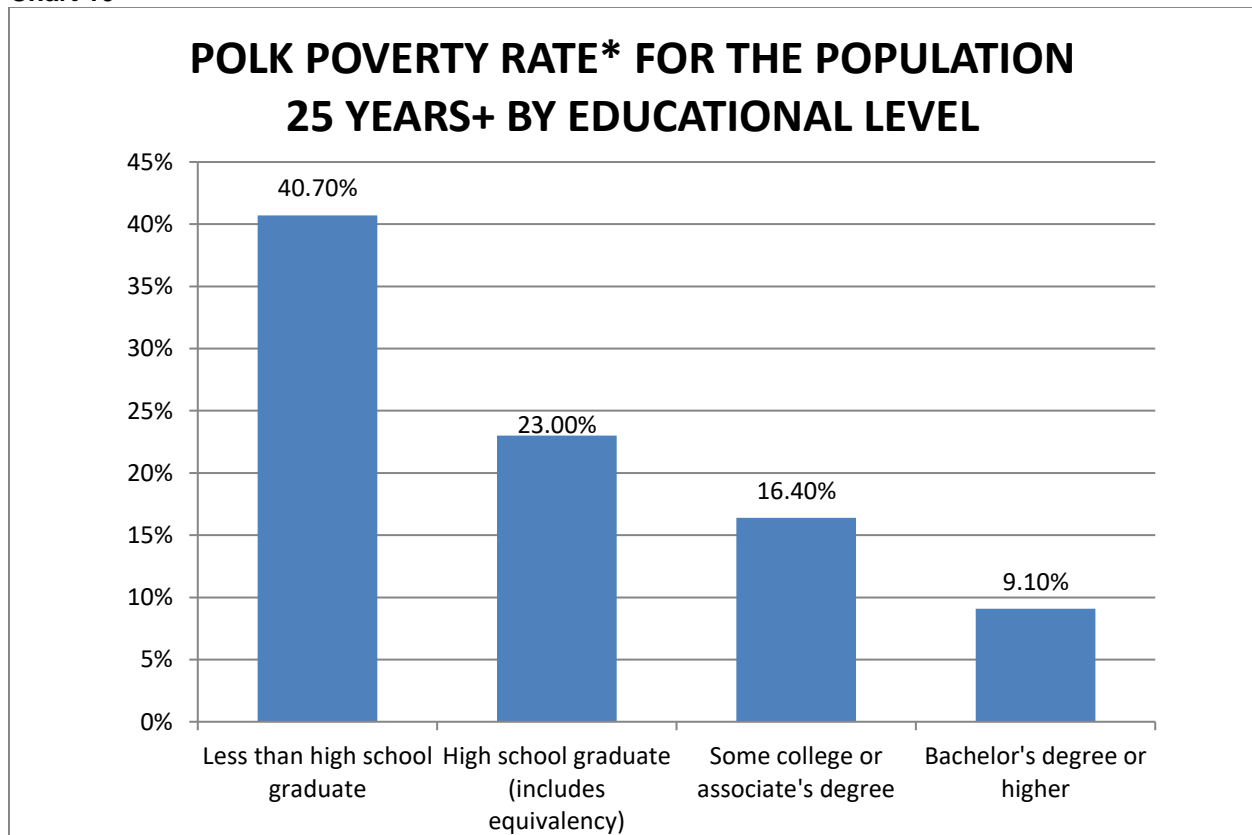
**Chart 9**



Sources: U.S. Census Bureau 2013 American Community Survey

The chart below shows those who do not graduate from high school are most likely to be in poverty.

**Chart 10**



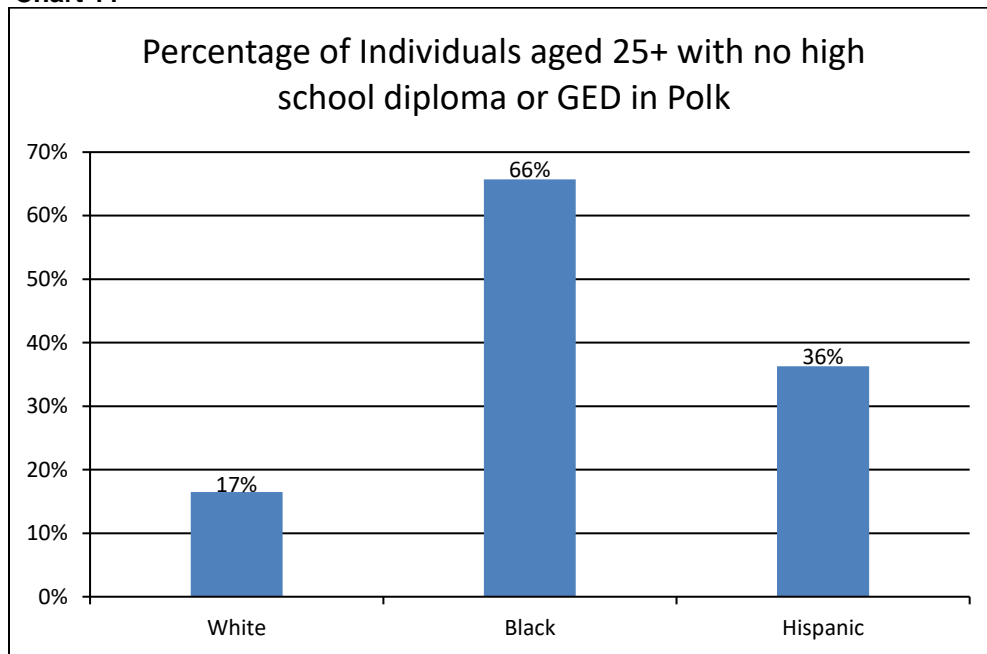
Sources: U.S. Census Bureau 2013 American Community Survey

\*Those less than 125% poverty level

## Population Demographics

The chart below shows there are racial and ethnic disparities in terms of education.

**Chart 11**



Source: Florida CHARTS, 2008-2012

# Access to Care \*

Access to health services was rated as important to health and quality of life by residents in 2011 and 2014.

68% of survey respondents perceived access to basic health services for them and their family as good or excellent. 67% of respondents indicated they had some form of health insurance. Lack of access to mental health services was mentioned as a concern in both key informant and focus group participants.

Source: *Community Themes and Strengths Assessment, 2014*

According to Healthy People 2020, access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. This topic area focuses on four components of access to care: **coverage, services, timeliness, and workforce.**

## Coverage

Health insurance coverage helps patients get into the health care system. **Uninsured** people are:

Less likely to receive medical care

More likely to die early

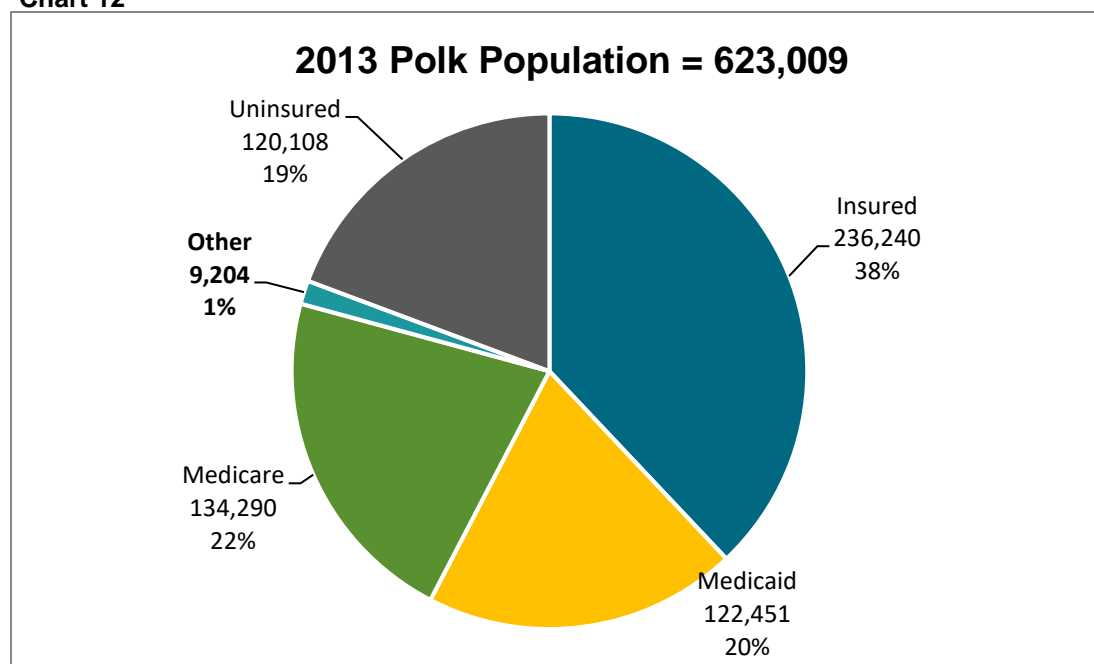
More likely to have poor health status

Lack of adequate coverage makes it difficult for people to get the health care they need. When they do get care they are burdened with large medical bills.

Based on 2013 population estimates, 19% of Polk County residents are uninsured, 38% have private insurance, 22% are covered by Medicare and 20% by Medicaid. Other reports indicate the uninsured rate could be as high as 23%.

The Polk County Indigent Health Care program arranges for health care services for low income residents who do not qualify for any other private or public health coverage. Even with the Affordable Care Act, there are people in Polk County who are not eligible for the plans provided on the health insurance marketplace and they fall into a coverage gap. The ½ cent Indigent Health Care surtax in Polk County provides a health care safety net for those people who are medically poor.

Chart 12



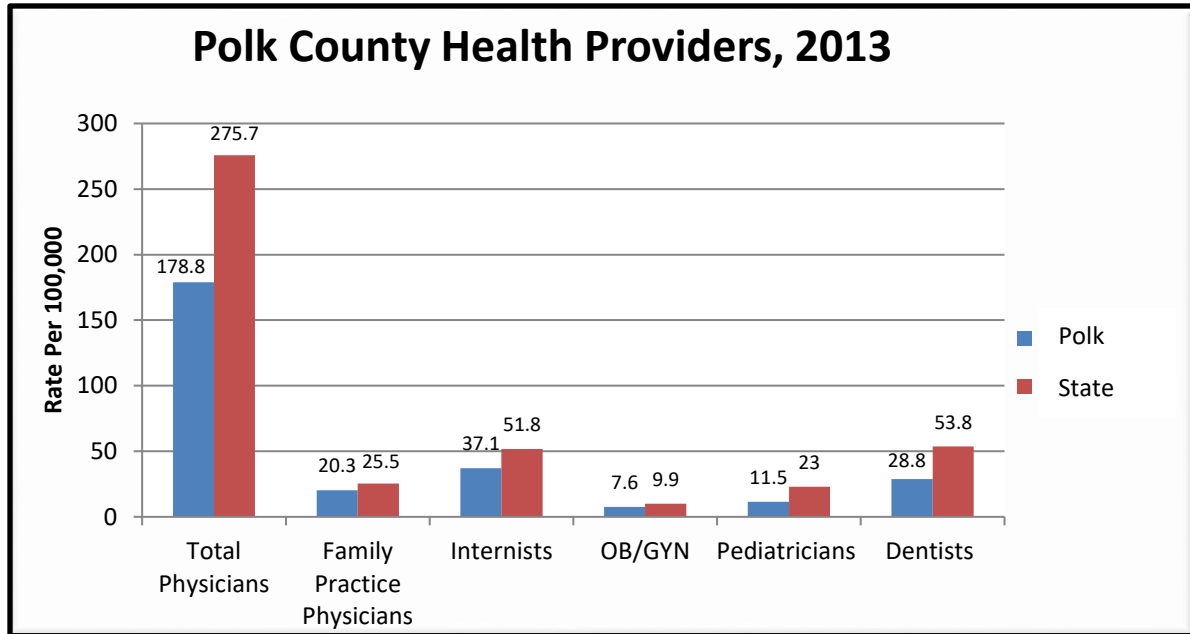
Source: U.S. Census Bureau 2013 American Community Survey

## Access to Care \*

### Services

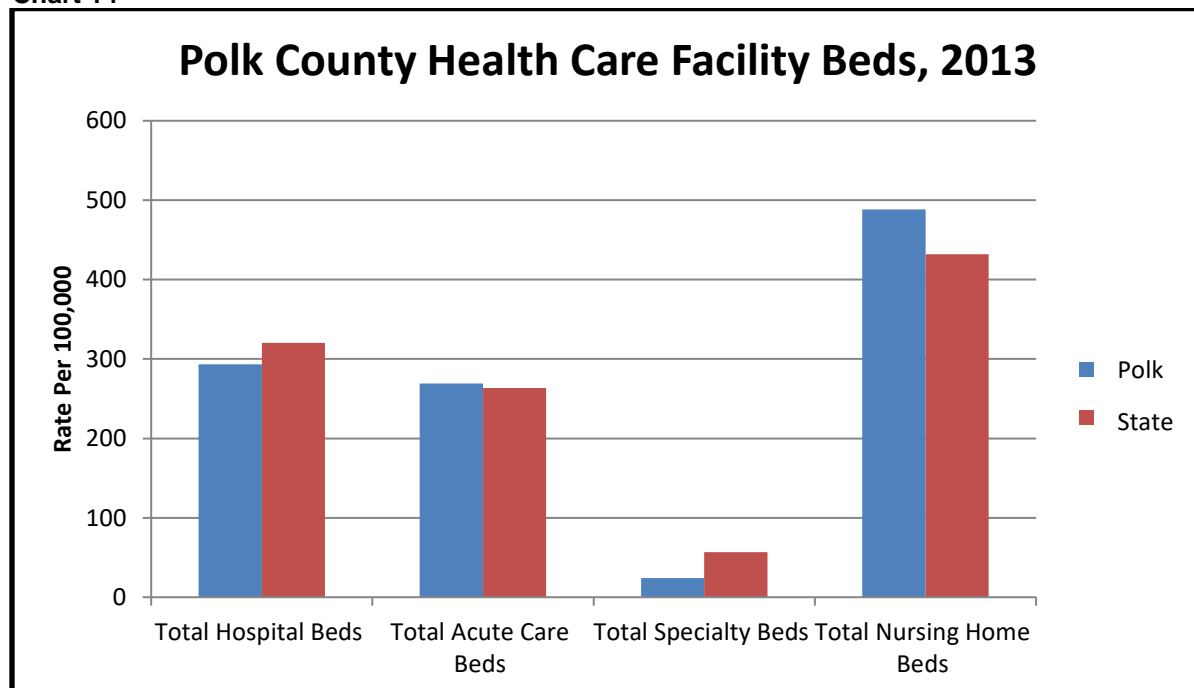
Improving health care services depends, in part, on ensuring that people have a usual and ongoing source of care. The following charts compare health providers and facilities in Polk to the state.

Chart 13



Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

Chart 14

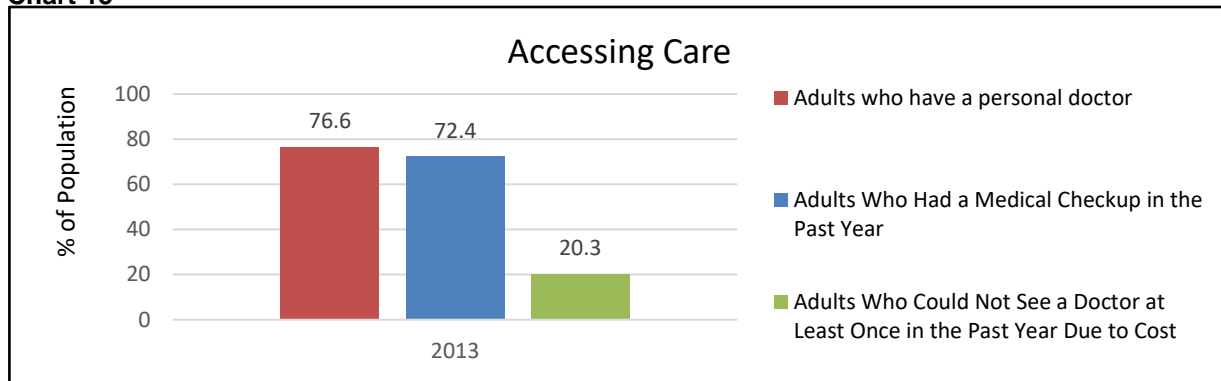


Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

## Access to Care \*

In 2013, 20% of Polk County adults surveyed indicated they could not see a doctor due to cost.

**Chart 15**



Source: Florida CHARTS

The Polk County Indigent Health Care program helps support a health care safety net for Polk residents who do not qualify for other private or public health coverage. This program is funded by the ½ cent Indigent Health Care surtax which was approved by Polk County voters in 2004.

Polk County residents who do not qualify for other health coverage may receive health care from the Polk Health Care Plan, local free clinics, federally qualified health care clinics, other health care entities who provide low-cost care.

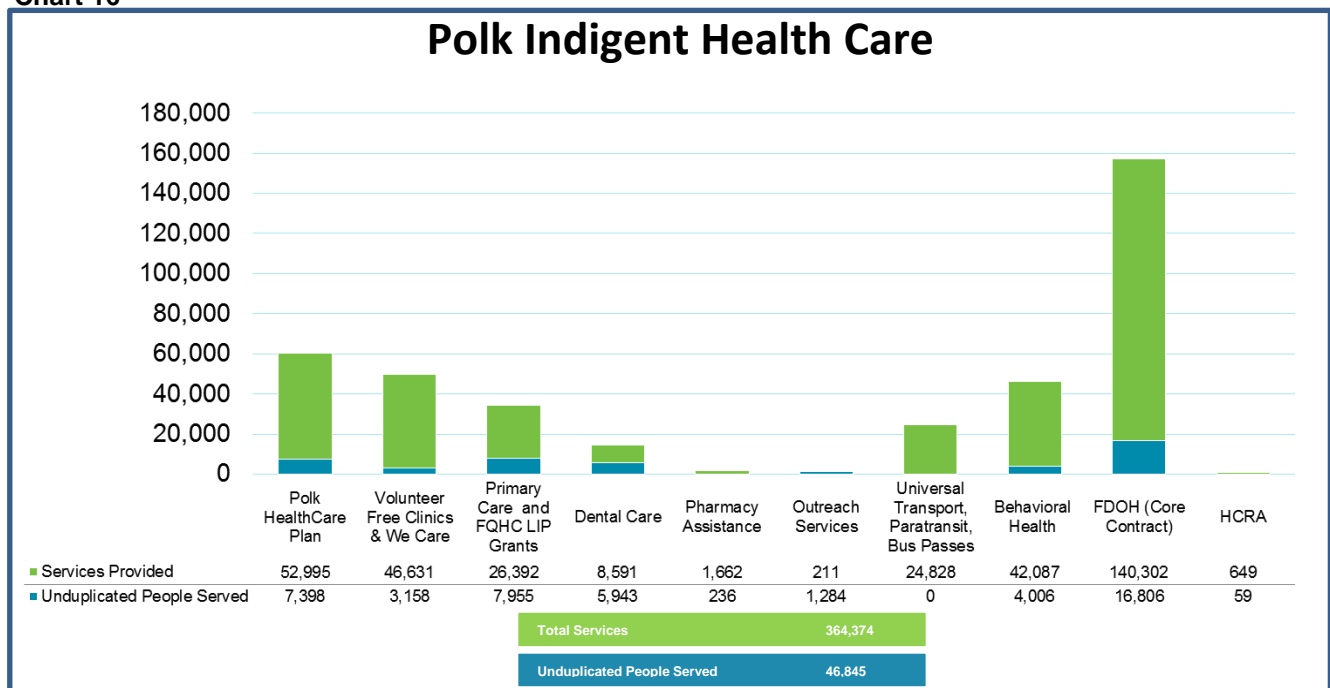
In 2014, the Indigent Health Care Fund

Served 46,845 people

Provided 364,374 services

Provided dental care services to approximately 6,000 compared to the 217 people served in the previous year.

**Chart 16**



Source: Polk County Indigent Health Fund 2014 Annual Report. Based on unaudited data.



## Access to Care \*

The ½ cent indigent health care surtax is scheduled to sunset in 2019. In the Forces of Change assessment, the public health community expressed concern over what would happen if this surtax was not renewed by Polk voters.

### **Timeliness**

Timeliness is the health care system's ability to provide health care quickly after a need is recognized.

Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care. An increase in the number of patients going to the emergency department who do not require emergency care contributes to increased emergency department wait times.

Prolonged wait times result in decreased patient satisfaction, patients leaving before being seen and may result in clinically significant delays in evaluation and treatment.

### **Workforce**

Primary care providers play an important role in the general health of the communities they serve. Each year the Florida Department of Health publishes an annual report on the physician workforce. The following key points from the 2014 workforce analysis show an aging workforce and one becoming more specialized.

Almost half (21,743 or 49.5%) of all Florida physicians are males age 50 and older.

The general surgery and psychiatry specialty groups are particularly vulnerable, as over 33% of Florida general surgeons and over 45% of psychiatrists are age 60 and older.

Physicians are continuing to specialize, with more physicians practicing in specialties other than in primary care. The percentage of primary care physicians in Florida has decreased from 33.3% in 2009 to 32.7% in 2014.

In Polk County, between 6.8% - 17.9% of physicians plan to retire in the next 5 years.

Source: 2014 Physician Workforce Annual Report

Polk County is designated as a Health Care Professional Shortage Area for primary care, mental health and dental health by the Health Resources and Services Administration (HRSA).

The Forces of Change assessment noted that a teaching and/or residency program located in the county could help alleviate provider shortages.

Advanced registered nurse practitioners are playing an increasingly important role as members of the health care workforce. As of July 2015, there are over 300 advanced registered nurse practitioners licensed in Polk County.

Source: Florida Department of Health, Division of Medical Quality Assurance.

### **Barriers to Access**

Access to health care and to quality care involves more than having adequate service providers and health insurance coverage. There are barriers that prevent people from using the services available and these should be considered when addressing access to health care. Among the barriers are health literacy, language barriers, transportation, patient mistrust and refusal of services.

Polk County is a diverse community representing a variety of languages, cultures, ages and educational levels. The Forces of Change assessment recognized varying levels of health literacy, language barriers, and difficulty navigating a complex health care system as possible barriers to health care access.

Additional barriers included:

Even with the Affordable Care Act, high costs of premiums, deductibles and out-of-pocket expenses are barriers.

Many people do not understand basic terms related to insurance coverage and their responsibility for incurred costs. (i.e., the difference between out-of-pocket expenses vs. deductible).

Paradigm shift puts more responsibility/work on the patient to manage their care rather than the primary care physician.

# Health Disparities \*

## Health Literacy and Language Barriers

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Only 12 percent of adults have proficient health literacy, according to the National Assessment of Adult Literacy. Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in health care facilities, retail outlets, media, and communities. Limited health literacy is associated with poorer health outcomes and higher health care costs.

Health literacy is dependent on individual and systemic factors:

Communication skills of lay persons and professionals (non-English speaking, use of plain language)

Lay and professional knowledge of health topics (how the body works, nature and causes of disease)

Culture

Demands of the healthcare and public health systems (math skills, computer skills, reading level)

Demands of the situation/context (stressful or unfamiliar situations)

Health literacy affects people's ability to:

Navigate the healthcare system, including filling out complex forms and locating providers and services

Share personal information, such as health history, with providers

Engage in self-care and chronic-disease management

Understand mathematical concepts such as probability and risk

Health information can overwhelm even persons with advanced literacy skills.

Source: Health.gov; U.S. Department of Health and Human Services, 2000. Healthy People 2010.

Barriers to communication may result from speaking different languages. The majority of households in Polk County use English as their primary language. However, the percentage of the total population living in households in which Spanish is spoken at home is 15.3% and French Creole is the next most common language spoken at home at 1%.

Source: US Census Bureau, American Community Survey, 2013

According to the Agency for Healthcare Research and Quality (AHRQ) 2009 Policy Brief, Improving Access to Language Services in Health Care, language barriers in the health care setting can lead to problems such as delay or denial of services, issues with medication management, and underutilization of preventive services. Difficulty in communication also may limit clinicians' ability to understand patient symptoms and effectively provide treatment.

Source: AHRQ; 2009 Policy Brief, Improving Access to Language Services in Health Care: A look at National and State Efforts

## Transportation

Transportation is often identified as a barrier to accessing healthy foods, jobs and health care and numerous studies are being dedicated to the effects lack of transport may have on access to care. This issue is particularly challenging for seniors, individuals with low socio-economic status and those living in rural areas where alternative modes of transport are limited.

The size of Polk County makes travel to needed services more challenging since services and people are spread over a wide area. Access to transportation was rated as important to health and quality of life by residents, as this enables people to get to the grocery store, jobs, and medical appointments. Lack of reliable transportation was mentioned as a contributing factor to health problems in 2011 and in 2014. Limited routes and frequency of public transportation services were noted by residents and the public health community as a concern.

The Polk Transportation Planning Organization has identified the following data that is helpful to understanding this concern:

14 of the 17 cities in Polk County are currently served by fixed-route transit.

In Polk, 55.1% (58,682) of residents 65+ live in an area with minimal or no fixed-route transit.

## What are health disparities?

Health disparities exist when **one group of people get sick or die more often** than another group.

# Health Disparities \*

Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Source: CDC, healthypeople.gov, Healthy People 20/20

## Why is addressing the health disparities in Polk so important?

Reducing health disparities improves quality of life in a community and gives everyone a chance to live a healthy life.

Highlighted in the following charts are examples of health disparities in Polk County.

**Chart 17 Major Causes of Death Disparities for Adults in Polk County**

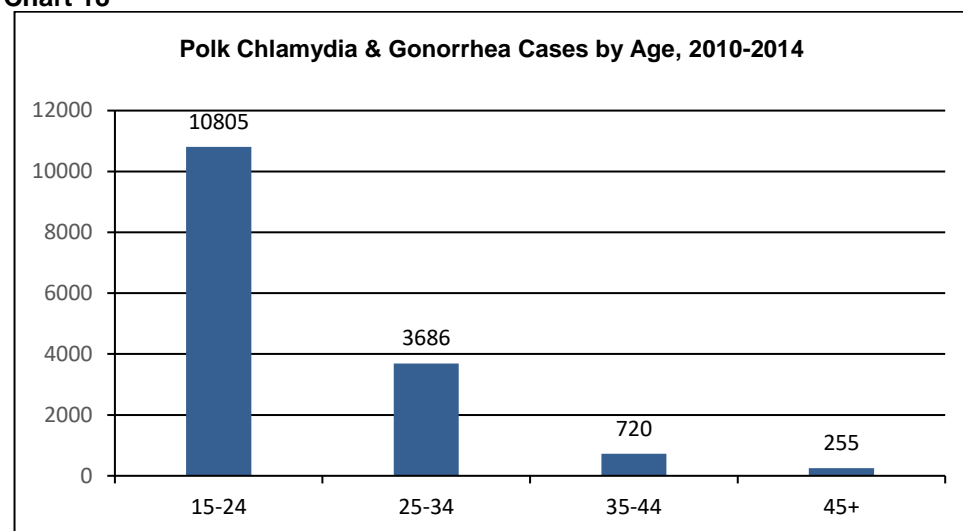
3-Year Age-Adjusted Resident Death Rates	Data Year	White	Black	Hispanic
Heart Disease	2013	174.2	196.4	66.3
Cancer	2013	168.3	176.7	98.3
Stroke	2013	33.7	52.2	28.1
Diabetes	2013	18.4	45.4	22.2
Chronic Lower Respiratory Disease (CLRD)	2013	50.9	34	8

**Source:** Florida CHARTS. Disparities are indicated by a shaded box. Rates reported as per 100,000.

Blacks are more likely to die from heart disease, cancer, stroke and diabetes.

Whites are more likely to die from chronic lower respiratory disease.

**Chart 18**



Source: Florida Department of Health, Bureau of Communicable Diseases, PRISM

In Polk, bacterial STDs were diagnosed most frequently in the 15-24 age group as seen in the chart above.

**Chart 19 HIV/AIDS and STD Disparities in Polk County**

3-Year Age-Adjusted Resident Death Rates	Data Year	White	Black	Hispanic
Reported AIDS Cases	2011-2013	5.2	40.8	11.5

## Health Disparities \*

Age-adjusted HIV/AIDS death rate	2011-2013	2.8	18	3.5
Reported HIV Cases	2011-2013	8.8	54.4	20.3
Reported Bacterial STD's	2013	36.7	50.0	12.8

**Source:** Florida CHARTS. Disparities are indicated by a shaded box. Reported as per 100,000.

Blacks are more likely to be diagnosed with HIV and AIDS and to die from HIV/AIDS.  
Blacks are more likely to be diagnosed with bacterial STD's such as gonorrhea, Chlamydia, and syphilis.

**Chart 20 Maternal and Child Health Disparities in Polk County**

Indicator	Data Year	White Rate	Black Rate	Hispanic Rate
<b>Births</b>				
<b>Total Births in Polk County 2013 = 7,253 (Count)</b>				
Total Births (Count)	2013	5,484	1,423	1,807
Births to Mothers Ages 15-19	2013	38	44.9	46.5
Births <37 weeks of gestation	2011-13	11.5	17	12.3
Live births to mothers who smoked during pregnancy	2011-13	10.2	6	2.8
<b>Low Birth Weight</b>				
Live Births Under 1500 Grams	2013	1.3	2.6	1.4
Live Births Under 2500 Grams	2013	7.4	11.4	7.3
<b>Parental Care</b>				
Prenatal Care Begun in First Trimester	2013	75.2	66.4	71
Prenatal Care Begun Late or No Prenatal Care	2013	5.3	7.4	6.1

**Source:** Florida CHARTS. Disparities are indicated by a shaded box. Reported as percentages.

Black women are more likely to receive no prenatal care and are more likely to have low birth weight infants.

Births to mothers aged 15-19 is higher among Hispanic teens.

White women are more likely to smoke during their pregnancies.

**Chart 21 Preventable Injury Disparities for Adults in Polk County**

3-Year Age-Adjusted Resident Death Rates	Data Year	White	Black	Hispanic
Unintentional Drowning Deaths	2011-2013	1.1	1.8	0.9
Unintentional Falls Deaths	2011-2013	6.9	5.3	3.7
Motor Vehicle Crashes Deaths	2011-2013	15.9	13	16.4
Firearms-related Deaths	2011-2013	9.5	12.7	6.5
Unintentional Poisonings Deaths	2011-2013	14.7	9.2	4.3
Suicide	2011-2013	14.5	2.6	5.1
Homicide	2011-2013	4.2	15.7	6.9

**Source:** Florida CHARTS. Disparities are indicated by a shaded box. Reported as per 100,000.

Blacks are more likely to commit homicide, die from firearms-related injuries and unintentional drownings.

Whites are more likely to commit suicide and die from unintentional poisonings and falls.

Hispanics are more likely to die in motor vehicle crashes.

**Chart 22 Chronic Disease Disparities for Adults in Polk County**

Indicator	Data Year	Rate Type	White	Black	Hispanic
<b>Diabetes</b>					
Age-adjusted death rate	2011-2013	Per 100,000	18.4	45.4	22.2

## Health Disparities \*

Age-adjusted hospitalization rate	2010-2012	Per 100,000	2443.1	4942	3147.9
Emergency room visits due to diabetes	2007-2009	Per 100,000	433.5	588.6	259.1
Adults who have ever been told they had diabetes	2013	Percent	18.8	12.4	8.9
<b>Asthma</b>					
Age-adjusted asthma hospitalization rate	2010-2012	Per 100,000	882.1	1450.7	1084.4
Emergency room visits due to asthma	2007-2009	Per 100,000	331.3	547.3	256.5
<b>Stroke</b>					
Age-Adjusted death rate	2011-2013	Per 100,000	33.7	52.2	28.1
Age-adjusted hospitalization rate	2010-2012	Per 100,000	266.5	447.1	247.6
Adults who have ever been told they have had a stroke	2013	Percent	3.7	11.2	1.1
<b>Hypertension</b>					
Adults who have ever been told they had hypertension	2013	Percent	45.5	42.2	24.6

**Source:** Florida CHARTS. Disparities are indicated by a shaded box.

Whites are more likely to have been told they have diabetes or hypertension. This may reflect that whites are more likely to have been to a health care provider to receive a diagnosis. Nationally, statistics show that blacks are more likely to have these conditions.

Blacks are more likely to go to the emergency room, to be hospitalized and to die from diabetes and strokes.

Blacks are more likely to go to the emergency room and to be hospitalized due to asthma.

**Chart 23 Self-Reported Weight Indicators for Adults in Polk County**

Indicator	Data Year	White	Black	Hispanic
Adults who are obese	2013	38	29	36.1
Adults who are overweight	2013	34.8	28.5	40.5
Adults who consumed five or more servings of fruits or vegetables per day	2013	9.7	22.8	18.3
Adults who meet aerobic recommendations	2013	43.9	48.7	36.4

**Source:** Florida CHARTS, BRFSS. Disparities are indicated by a shaded box. Reported as percentages.

Blacks are more likely to report consuming 5 servings of fruits and vegetables a day and meeting aerobic recommendations.

Whites are more likely to report being obese.

Hispanics are more likely to report being overweight.

**Chart 24 Self-Reported Modifiable Behavior Disparities for Adults in Polk County**

Indicator	Data Year	White	Black	Hispanic
Adults who are current smokers	2013	16.6	14.7	7.6
Adults who engage in heavy or binge drinking	2013	16.1	3.7	16.5

**Source:** Florida CHARTS, BRFSS. Disparities are indicated by a shaded box. Reported as percentages.

Whites are the most likely to report being a current smoker.

Hispanics and Whites are similar in reporting engaging in heavy or binge drinking.

**Chart 25 Cancer Disparities for Adults in Polk County**

Indicator	Data Year	Rate Type	White	Black	Hispanic
Age-adjusted cancer death rate	2011-2013	Per 100,000	168.3	176.7	98.3
Cancer cases diagnosed at the last stage	2008-2010	Percent	46.2	49.1	46.9

## Health Disparities \*

<b>Lung Cancer</b>					
Age-adjusted death rate	2011-2013	Per 100,000	48.6	44.9	12.3
Age-adjusted incidence rate	2008-2010	Per 100,000	80.9	65.9	26.3
<b>Colorectal Cancer</b>					
Age-adjusted death rate	2011-2013	Per 100,000	14.8	17	10
Age-adjusted incidence rate	2008-2010	Per 100,000	46.4	49.9	26.1
<b>Breast Cancer</b>					
Age-adjusted death rate	2011-2013	Per 100,000	18.3	24.5	11.6
Age-adjusted incidence rate	2008-2010	Per 100,000	113.2	77.5	68.2
<b>Prostate Cancer</b>					
Age-adjusted death rate	2011-2013	Per 100,000	15.9	45.1	10.3
Age-adjusted incidence rate	2008-2010	Per 100,000	121.7	198	100.9
<b>Cervical Cancer</b>					
Age-adjusted death rate	2011-2013	Per 100,000	3.7	3.7	0
Age-adjusted incidence rate	2008-2010	Per 100,000	12.3	10.9	8.2

**Source:** Florida CHARTS, death rates from Vital Statistics and incidence rates from University of Miami (FL) Medical School, Florida Cancer Data System. Disparities are indicated by a shaded box.

Whites are more likely to be diagnosed with breast cancer, but Blacks are more likely to die from breast cancer.

Black men are more likely to be diagnosed with and die from prostate cancer.

**Chart 26 Access Disparities in Polk County**

Access to Care	Data Year	White	Black	Hispanic
Adults who have a personal doctor	2013	76.9	79.2	49.3
Adults with any type of healthcare coverage	2013	84.2	68.6	58.9
Adults who could not see a doctor in the past year due to cost	2013	16.8	24.2	30.8
Adults who could not see a dentist in the past year due to cost	2007	17	26.7	32.8
<b>Preventative Care</b>				
Adults who have had their cholesterol checked in the past two years	2013	80.8	57	63.7
Adults 50 and over who have ever had a colonoscopy or sigmoidoscopy	2013	73.6	*	*
Women aged 40-74 who received a mammogram in the past year	2013	51.1	*	*
Women over 18 who have received a Pap test in the past year	2013	44.1	*	*

**Source:** Florida CHARTS. Disparities are indicated by a shaded box. Reported as percentages.

\*Sample size was too small to show statistically reliable estimates.

Whites are most likely to have some form of healthcare coverage.

Hispanics are more likely to report that they could not see a doctor or dentist in the past year due to cost.

Blacks are less likely to have had their cholesterol checked.

### Why do health disparities exist?

Health equity (full and equal access to and quality of healthcare) is established by “doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results.”

Source: Agency for Healthcare Research and Quality

# Health Disparities \*

According to the [Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care](#), health disparities may persist because of differences in access to medical care for racial and ethnic groups and differences in the quality of care received by these groups.

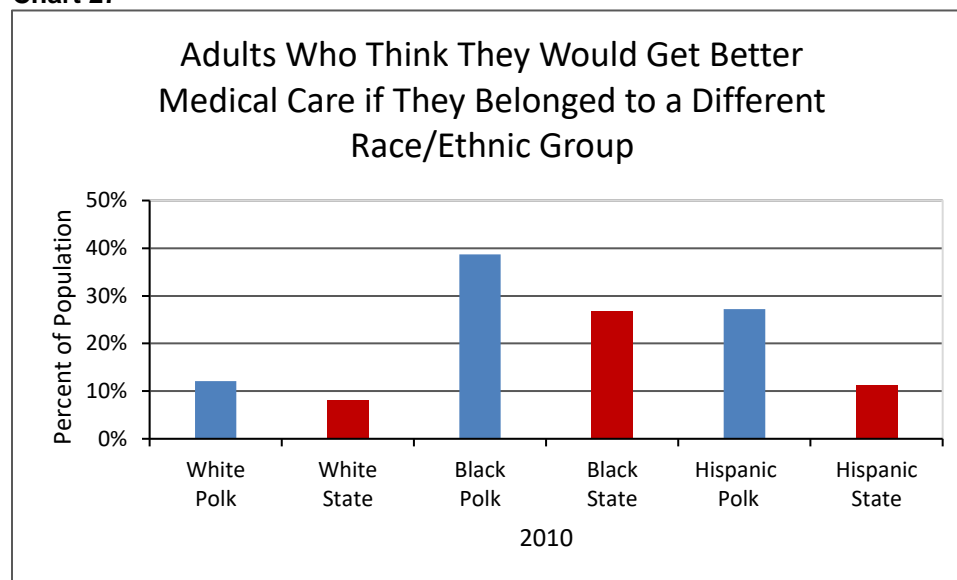
Examples of problems can include:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

Available data from 2010 indicates some populations feel they would get better care if they belong to a different racial or ethnic group.

**Chart 27**



Source: Florida CHARTS, Behavioral Risk Factor Surveillance System. This question was not asked during the 2013 telephone survey.

**Social determinants of health** are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Source: CDC; Healthypeople.gov; Healthy People 20/20

**The following chart shows:**

Minorities are less likely to own their homes

Blacks are more likely to live below poverty level, suffer from unemployment, and drop out of school before receiving their high school diploma.

**Chart 28 Social Determinants of Health in Polk County**

Indicator	Data Year	White	Black	Hispanic
<b>Socio-demographic Characteristics</b>				
Individuals below poverty level	2013	15.8	29.8	26.5
Civilian labor force that is unemployed	2008-2012	10.7	18.4	11.6
Owner-occupied housing units	2008-2012	87	8.9	10.6
Individuals 25 and over with no high school diploma	2008-2012	16.5	65.7	36.3

**Source:** Florida CHARTS. Disparities are indicated by a shaded box. Reported as percentages.



# **Section III: Health and Safety**

# Major Causes of Death \*

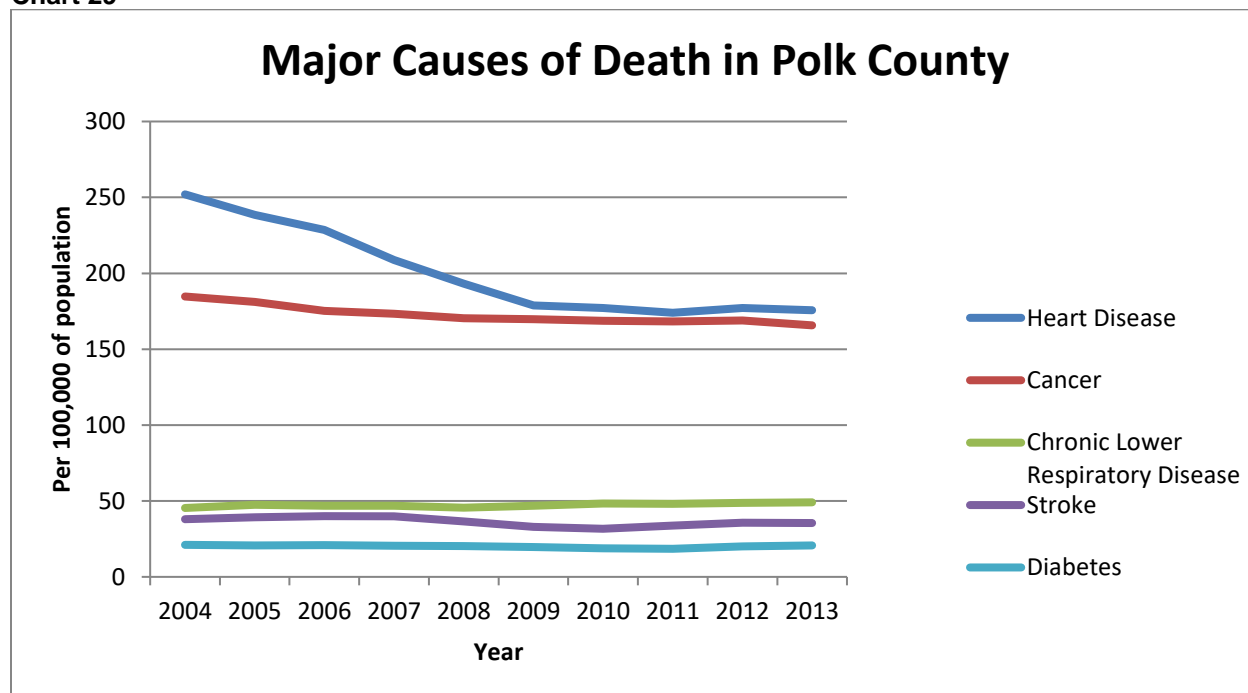
The five major causes of death in 2013 for Polk County are all chronic diseases and include:

heart disease  
cancer  
chronic lower respiratory diseases (CLRD)  
stroke  
diabetes

The chart below shows heart disease and cancer rates have been improving in Polk County over the past ten years.

CLRD, stroke and diabetes rates do not show a significant trend.

Chart 29



Source: Florida Department of Health CHARTS The data is age adjusted, 3-year rolling rate.

**Heart Disease** is any disorder that affects the heart's ability to function normally. Heart disease is the leading cause of death for all people in the United States, Florida, and in Polk. In the United States, the most common type of heart disease is coronary artery disease (CAD), which can lead to heart attack.

Several health conditions, including lifestyle, age and family history can increase the risk for heart disease. These are called risk factors. About half of all Americans (47%) have at least one of the three key risk factors for heart disease: high blood pressure, high cholesterol, and smoking.

Source: CDC

**Cancer** is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. Cancer is not just one disease, but many diseases.

In Florida, breast cancer is the number one specific cancer cause, followed by Prostate, Lung and Colo-Rectal Cancer. One-half of new cases of cancer occur in people aged 65 years and over.

Source: FloridaCharts

## *Major Causes of Death \**

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Research shows that screening for cervical and colorectal cancers as recommended helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous.

Vaccines also help lower cancer risk. The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer, and the hepatitis B vaccine can help lower liver cancer risk.

A person's cancer risk can be reduced with healthy choices like avoiding tobacco, limiting alcohol use, protecting your skin from the sun and avoiding indoor tanning, eating a diet rich in fruits and vegetables, keeping a healthy weight, and being physically active.

Source: CDC

# Chronic Diseases \*

## Consumer Opinion in Polk

In the consumer surveys conducted in 2014, residents of Polk County rated chronic diseases among the greatest health issues. Chronic diseases were also noted from a similar assessment done in 2011. Specific issues mentioned by Polk residents include diabetes, hypertension, asthma, COPD (chronic obstructive pulmonary disease) and cancer.

Source: Community Themes and Strengths Assessment, 2014

## Health Data

Health Indicators confirm that chronic diseases are an area for concern in Polk County.

In 2013, chronic diseases accounted for the leading causes of death in Polk. The five major causes of death were heart disease, cancer, chronic lower respiratory disease (CLRD), stroke and diabetes. See page 29 for more information regarding the major causes of death in Polk.

Asthma hospitalizations rates for adults and children are in the least favorable quartile as compared to other counties in the state and are getting worse. Diabetes hospitalization rates for both adults and children are increasing and are in the least favorable quartile. =

**Chart 30**

Indicator	Year(s)	Polk Age-Adjusted Rate	Quartile & (Trend)	State Age-Adjusted Rate	Healthy People 2020 Goal
Coronary Heart Disease					
Deaths	2011-13	121.7	3 (better)	102.5	100.8
Hospitalizations	2010-12	437.2	3 (better)	352.7	
Stroke					
Deaths	2011-13	35.5	3 (no trend)	31.3	33.8
Hospitalizations	2010-12	303.8	3 (better)	266.2	
Heart Failure					
Deaths	2011-13	12	3 (worse)	9.7	
Hospitalizations from congestive heart failure	2010-12	98.6	2 (better)	111.6	
Chronic Lower Respiratory Diseases (CLRD)					
Deaths	2011-13	49.1	2 (worse)	39.6	50.1
CLRD Hospitalizations	2010-12	615.1	4 (worse)	368.2	
Asthma Hospitalizations adults	2010-12	1,073.40	4 (worse)	780.4	
Asthma hospitalizations ages 1-5	2010-12	1170.2	4 (worse)	938.8	
Asthma hospitalizations ages 5-11	2010-12	681.7	4 (worse)	462.7	
Asthma hospitalizations ages 12-18	2010-12	506.4	4 (worse)	351.7	
Diabetes					
Deaths	2011-13	20.7	2 (no trend)	19.6	65.8
Hospitalizations adults	2010-12	2,945.80	4 (worse)	2,291.20	
Hospitalizations ages 5-11	2010-12	52.6	4 (worse)	43.2	
Hospitalizations ages 12-18	2010-12	146.2	4 (worse)	122.4	
Source: Florida CHARTS. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
Most favorable situation	Average		Least Favorable		
1 (25% of counties)	2-3 (50% of counties)		4 (25% of counties)		
Healthy People 2020 goals are single-year rates/ 100,000 population (or %) at the national level. Goals are not available for all indicators.					
Sources: Deaths - Florida Department of Health, Bureau of Vital Statistics; Hospitalizations: Florida Agency for Health Care Administration (AHCA); Cancer Incidence: University of Miami (FL) Medical School, Florida Cancer Data System					

## Chronic Diseases \*

In general, death rates from cancer are improving and incidence rates for colorectal and cervical are improving. Although improving, colorectal cancer remains in the least favorable quartile compared to other counties in the state. Incidence of melanoma is in the least favorable quartile and is worsening.

**Chart 31 Cancer Incidence and Death Rates**

Indicator	Year(s)	Polk Age-Adjusted Rate	Quartile & (Trend)	State Age-Adjusted Rate	Healthy People 2020 Goal
Lung Cancer					
Deaths	2011-13	47.3	2 (better)	44.5	45.5
Incidence	2009-11	76.4	3 (no trend)	63.4	
Colorectal Cancer					
Deaths	2011-13	14.6	2 ( better)	14.1	14.5
Incidence	2009-11	43.2	4 (better)	38	
Breast Cancer					
Deaths	2011-13	19	2 (no trend)	20.4	20.6
Incidence	2009-11	110.4	2 (no trend)	113.4	
Prostate Cancer					
Deaths	2011-13	17.5	2 (no trend)	17.8	21.2
Incidence	2009-11	125.7	4 (no trend)	115.8	
Cervical Cancer					
Deaths	2011-13	3.5	3 (no trend)	2.8	2.2
Incidence	2009-11	10.4	3 (better)	8.9	
Melanoma					
Deaths	2011-13	3	2 (no trend)	3	2.4
Incidence	2009-11	25.6	4 (worse)	18.8	
Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
Most favorable situation		Average		Least Favorable	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	
Healthy People 2020 goals are single-year rates/ 100,000 population (or %) at the national level. Goals are not available for all indicators.					
Sources: Deaths - Florida Department of Health, Bureau of Vital Statistics					
Hospitalizations: Florida Agency for Health Care Administration (AHCA)					
Cancer Incidence: University of Miami (FL) Medical School, Florida Cancer Data System					

# Chronic Diseases \*

**Chart 32 Behavioral Risk Factor Surveillance System (BRFSS) Indicators for Polk County**

Indicator	Year(s)	Polk	Quartile & (Trend)	State	Healthy People 2020 Goal
Adults who have ever been told they had hypertension	2013	41.60%	3 (no trend)	34.60%	
Adults who have ever been told they had diabetes	2013	16.10%	4 (no trend)	11.20%	
Adults who have ever been told they had high blood cholesterol	2013	34.60%	2 (no trend)	33.40%	13.50%
Adults who had their cholesterol checked in the past five years	2013	79.40%	3 (no trend)	79.50%	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	2013	59.40%	2 (no trend)	55.30%	
Adults 50 years of age and older who received a stool blood test in the past year	2013	13.40%	2 (no trend)	13.90%	
Women 18 years of age and older who received a Pap test in the past year	2013	51.40%	2 (no trend)	51.40%	93%
Adults who are current smokers	2013	14.30%	1 (no trend)	16.80%	12%
Adults who currently have asthma	2013	10.90%	4 (no trend)	8.30%	
% middle school students reporting asthma	2012	21.00%	3 (no trend)	20.10%	
% high school students reporting asthma	2012	24.00%	4 (worse)	20.80%	
Adults who are sedentary	2013	32.70%	4 (no trend)	27.70%	
Adults who consumed five or more servings of fruits or vegetables per day	2013	13.80%	4 (no trend)	18.30%	
Adults who are overweight	2013	34.60%	2 (no trend)	36.40%	
Adults who are obese	2013	36.90%	4 (no trend)	26.40%	30.60%
Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
Most favorable situation		Average		Least Favorable	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	
Healthy People 2020 goals are single-year rates/ 100,000 population (or %) at the national level. Goals are not available for all indicators. Behavioral Risk Factor Surveillance System (BRFSS): Florida Department of Health, Bureau of Epidemiology					

The Behavioral Risk Factor Surveillance System (BRFSS) is a national health-related telephone survey that collects data from residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Potential avoidable health related risk behaviors such as, adults who are sedentary, adults who consumed five or more servings of fruits or vegetables per day, and adults who are obese are in the 4<sup>th</sup> quartile.

# Weight \*

## Consumer Opinion in Polk

In 2014, Polk residents ranked overweight and obesity as one of the greatest health issues and among the most urgent risks to health in Polk.

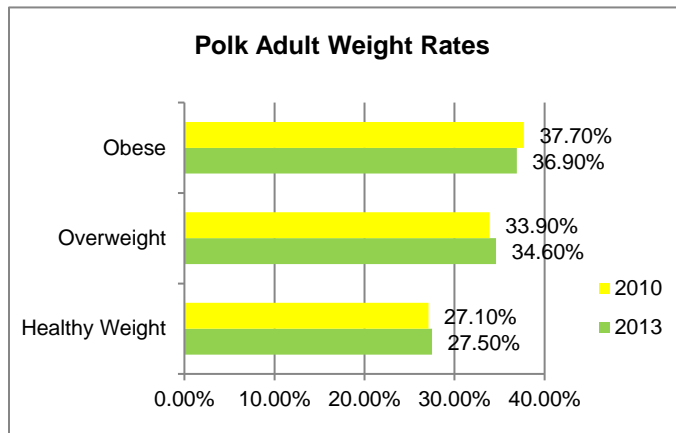
Related factors such as lack of access to affordable healthy food, lack of grocery stores and unhealthy food habits were noted. When answering the question, *'What are important qualities for a healthy community?'* access to healthy food and physically active residents were also identified.

Source: Community Themes and Strengths Assessment, 2014

## Health Data

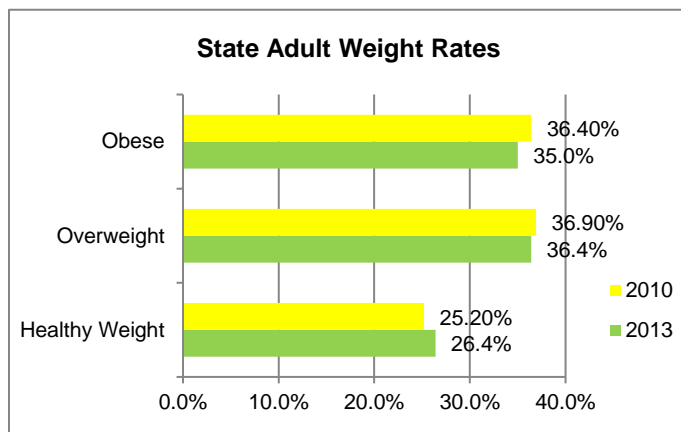
While the adult obesity rate in Polk has improved, it is still higher than the state rate and in the least favorable quartile compared to other counties in the state. The adult overweight rate has increased.

Chart 33



Source: Florida CHARTS

Chart 34



Source: Florida CHARTS

# Weight \*

Chart 35 shows Polk is in the least favorable quartile in the state for:

Adults who are obese

Adults who participated in 150 minutes or more (or vigorous equivalent minutes) of aerobic physical activity per week

Adults who participated in muscle strengthening exercises two or more times per week

Adults who are sedentary

Adults who consume at least 5 servings of fruits and vegetables a day

**Chart 35**

Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
<b>Weight, Activity, and Eating Habits among Adults</b>					
Adults who are at a healthy weight	2013	Percent	27.50%	3	35.00%
Adults who are underweight	2013	Percent	1.10%	1	2.3%
Adults who are overweight or obese	2013	Percent	71.50%	3	62.8%
Adults who are overweight	2013	Percent	34.60%	2	36.4%
Adults who are obese	2013	Percent	36.90%	4	26.4%
Adults who participated in 150 minutes or more (or vigorous equivalent minutes) of aerobic physical activity per week	2013	Percent	44.40%	4	50.2%
Adults who participated in muscle strengthening exercises two or more times per week	2013	Percent	22.50%	4	29.6%
Adults who participated in enough aerobic and muscle strengthening exercises to meet guidelines	2013	Percent	14.70%	3	19.9%
Adults who are sedentary	2013	Percent	32.70%	4	27.7%
Adults who consume at least 5 servings of fruits and vegetables a day	2013	Percent	13.80%	4	18.3%
Source: Florida CHARTS; Healthiest Wight Florida Polk Report *Women, Infant and Children					
Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

The FitnessGram Assessment is being used in Polk County schools to collect data on school age fitness levels and may provide future opportunities to address need. FitnessGram assesses the five components of health-related fitness: Aerobic Capacity, Muscular Strength, Muscular Endurance, Flexibility and Body Composition.



Chart 36 shows Polk is also in the least favorable quartile in the state for: the number of middle and high school students who were physically active for at least 60 minutes per day on all 7 of the past days.

**Chart 36**

Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
<b>Weight, Activity, and Eating Habits among Children and Teens</b>					
WIC* children age 2-5 who are overweight or obese	2013	Percent of WIC children age 2-5	31.00%	4	27.60%
Middle and high school students who are at a healthy weight	2014	Percent	63.50%	3	67.60%
Middle and high school students who are underweight	2014	Percent	3.60%	2	4.20%
Middle and high school students who are overweight or obese	2014	Percent	32.90%	3	28.20%
Middle and high school students who are overweight	2014	Percent	17.10%	3	15.80%
Middle and high school students who are obese	2014	Percent	15.80%	3	12.40%
Middle and high school students who were physically active at least 60 minutes/ day on all 7 of the past days	2014	Percent	22.40%	4	22.90%
Source: Florida CHARTS; Healthiest Wight Florida Polk Report *Women, Infant and Children Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

## Weight \*

In Polk, approximately 53% of births in 2013 were to women who were either overweight or obese at the time pregnancy occurred.

Data shows that Polk's in the 2<sup>nd</sup> quartile in mothers who initiate breastfeeding. Children who are breastfed have a lower risk for developing obesity, type 2 diabetes, respiratory and gastrointestinal infections, asthma, and SIDS (sudden infant death syndrome).

Healthiest Weight Florida Initiative

**Chart 37**

Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
<b>Maternal Weight and Breastfeeding among Mothers</b>					
Live births to mothers who are at a healthy weight (BMI 18.5-24.9) at time pregnancy occurred	2013	Percent of Live Births	41.20%	<b>3</b>	44.40%
Live births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred	2013	Percent of Live Births	25.40%	<b>3</b>	24.10%
Live births to mothers who are obese (BMI ≥ 30) at time pregnancy occurred	2013	Percent of Live Births	27.60%	<b>4</b>	21.00%
Live births to mothers who initiate breast feeding	2013	Percent of Live Births	78.80%	<b>2</b>	82.50%
Source: Florida CHARTS; Healthiest Weight Florida Polk Report Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

## **Built Environment**

When looking at the population that lives within a ½ mile of a healthy food source, Polk is in a favorable quartile when compared with the state. However, approximately 80% of the population lives more than a ½ mile from a healthy food source.

Areas that lack access to affordable fruits, vegetables, whole grains, low fat milk, and other foods that make up the full range of a healthy diet are call “food deserts”.

Source: CDC

Consumer choices about food spending and diet are likely to be influenced by the accessibility and affordability of food retailers—travel time to shopping, availability of healthy foods, and food prices. Some people and places, especially those with low income, may face greater barriers in accessing healthy and affordable food retailers, which may negatively affect diet and food security.

Source: USDA.gov

Our current transportation system contributes to physical inactivity—each additional hour spent in a car per day is associated with a 6 percent increase in the likelihood of obesity. According to Robert Wood Johnson Foundation, 35% of Polk residents drive alone for longer than 30 minutes a day.

Robert Wood Johnson Foundation, County Health Rankings

**Chart 38**

Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
<b>Built Environment</b>					
Population that live within a 1/2 mile of healthy food source	2013	Percent	20.30%	<b>2</b>	31.80%
Population that live within a 1/2 mile of a fast food restaurant	2013	Percent	18.90%	<b>3</b>	33.50%
Population that live within a ten minute walk (1/2 mile) of an off-street trail system	2013	Percent	13.10%	<b>2</b>	10.60%
Workers who drive alone to work	2012 5-yr est	Percent	81.00%	<b>3</b>	79.50%
Workers who ride a bicycle to work	2012 5-yr est	Percent	0.30%	<b>3</b>	0.60%
Workers who walk to work	2012 5-yr est	Percent	1.20%	<b>3</b>	1.60%
Source: Florida CHARTS; Healthiest Wight Florida Polk Report					
Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

## Consumer Opinion in Polk

Consumers mentioned strong families, personal networks, support systems, and access to mental health services as qualities of a healthy community.

Drug court, mental health court, domestic violence shelters, Bridges of Auburndale, Peace River Center, and Tri-County Human Services were specifically named as strong resources providing support for mental health issues in Polk County.

Consumers ranked mental health issues as among the greatest health problems and urgent risks to health and safety in Polk County. Mental health issues were also identified as health problems in the 2011 survey.

Source: Community Themes and Strengths Assessment, 2014

## Health Data

Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. They are medical conditions that often result in a reduced ability to cope with routine daily activities such as going to work or raising a family. Just like chronic diseases, mental health disorders are treatable. Mental health disorders are not exclusive to those who exhibit a lack of personal strength, personality traits like being shy, or have a certain socioeconomic status. Mental health disorders include illnesses such as major depression, bipolar disorder, obsessive compulsive disorder, and post-traumatic stress disorder.

One common finding is that people who suffer from a chronic disease are more likely to also suffer from depression. Scientists have yet to determine if having a chronic disease increases the prevalence of depression or depression increases the risk of obtaining a chronic disease. Regardless of the cause, chronic diseases and mental health disorders are treatable.

Source: CDC, <http://www.cdc.gov/nationalhealthyworksites/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf>

According to Healthy People 2020, mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Source: Healthy People 2020

According to Healthy People 2020, mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature death. The resulting disease burden of mental illness is among the highest of all diseases. Moreover, suicide is the 11th leading cause of death in the United States.

One objective from Healthy People 2020 for addressing mental health is to reduce the proportion of persons who experience major depressive episodes.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides regional data on mental health indicators. Circuit 10 encompasses Polk, Highlands and Hardee Counties.

Data for Circuit 10 found in Chart 39 shows:

Age groups 12-25 had more major depressive episodes in the past year than the 26 and over age group. Those 18-25 years of age were twice as likely to have had serious thoughts of suicide in the past year when compared to those over 26 years of age.

## Chart 39 Depressive Episodes, Mental Illness, Thoughts of Suicide by Age Range

\*Please see Appendix for updated data

## Mental Health \*

	Ages 12-17		Ages 18-25		Ages 26+	
	Circuit 10	Florida	Circuit 10	Florida	Circuit 10	Florida
<b>At Least One Major Depressive Episode in the Past Year By Age Group and Region</b>	7.63%	8.25%	7.97%	7.6%	5.92%	5.7%
<b>Any Mental Illness in the Past Year, by Age Group and Region</b>	Data Not Available	Data Not Available	17.41%	17.51%	18.63%	16.46%
<b>Serious Mental Illness in the Past Year, by Age Group and Region</b>	Data Not Available	Data Not Available	3.75%	3.53%	4.16%	3.62%
<b>Had Serious Thoughts of Suicide in the Past Year, by Age Group and Region</b>	Data Not Available	Data Not Available	6.48%	6.48%	3.24%	2.94%

Percentages, Annual Averages Based on 2010, 2011, and 2012 NSDUHs  
Source: Substance Abuse and Mental Health Services Administration

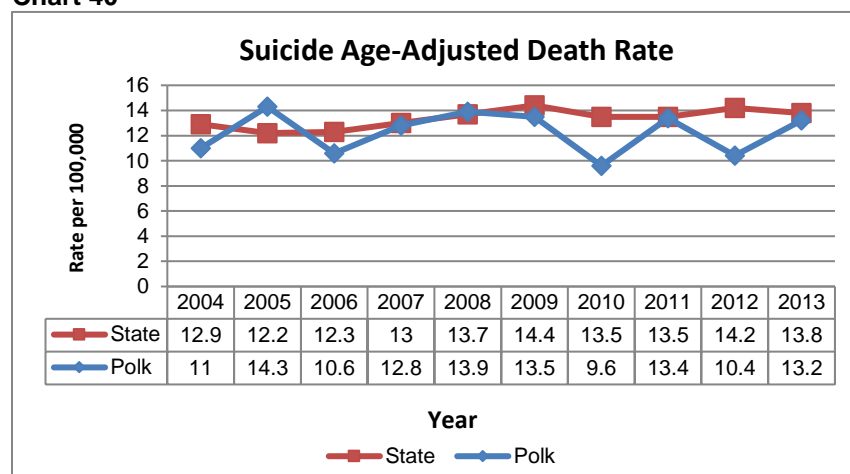
Another Healthy People 2020 objective for addressing mental health is to reduce the suicide rate.

About 15 percent of the population will suffer from clinical depression at some time during their lifetime. Thirty percent of all clinically depressed patients attempt suicide; half of them ultimately die by suicide.

Source: American Foundation for Suicide Prevention, accessed 2010

Chart 40 shows the suicide death rate for Polk County and the state have remained stable in the last ten years.

**Chart 40**



Source: Florida CHARTS

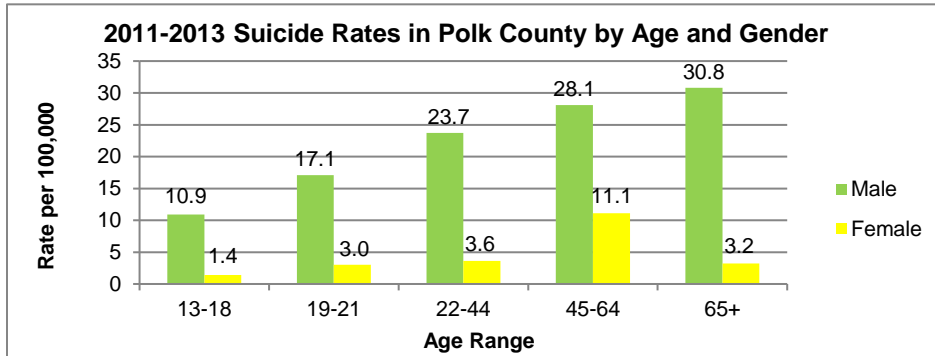
Chart 41 shows:  
Males are more likely to commit suicide than females.

## Mental Health \*

Suicide rates in males increase with age.

Suicide rates in females is highest in those 45-64 years of age.

**Chart 41**



Source: Florida CHARTS, 3-year rolling rates, 2011-2013

According to the American Psychological Association and the Centers for Disease Control, research estimates that one in 10 youth has mental health problems that are severe enough to impair how they function at home, school, or in the community.

Factors that predict mental health problems can be identified in the early years:

Children and youth from low-income households are at an increased risk for mental health problems.

Nearly half of all children and youth in the child welfare system have a mental health disorder.

70% of youth in the juvenile justice system have a diagnosable mental health disorder.

Source: APA and CDC, <http://www.apa.org/about/gr/issues/cyf/mental-behavioral-needs.pdf>

Mental health indicators for children and adolescents show Polk's rate is higher than the state for self-inflicted injuries (all age groups).

**Chart 42 School Aged Child and Adolescent Profile**

Indicator	Rate Type	Year(s)	County Quartile	County Rate	State Comparison
<b>Mental Health</b>					
Non-fatal hospitalizations for self-inflicted injuries per 100,000 pop. (3-yr rate)					
12-18	Per 100,000	2010-12	3	72.5	64.8
19-21	Per 100,000	2010-12	3	111.5	86.3
Non-fatal hospitalizations for eating disorders per 100,000 pop. (3-yr rate)					
12-18	Per 100,000	2010-12	3	13.8	17.6
19-21	Per 100,000	2010-12	3	7.3(u)	11.5
Suicide deaths per 100,000 population (3-year rate)					
12-18	Per 100,000	2011-13	3	6.6	4.5
19-21	Per 100,000	2011-13	3	10.2	10.6
Percent of emotionally handicapped children* in schools grades K-12	Percent	2011-13	1	0.40%	0.70%
Source: Florida CHARTS. *Emotional or Behavioral Disabilities. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
Most favorable situation		Average		Least Favorable	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

Studies indicate that the best way to prevent suicide is through the early recognition and treatment of depression and other psychiatric illnesses.

Source: Florida Council for Community Mental Health, November 2010

# Substance Abuse

## Consumer Opinion in Polk

Residents indicated a healthy community has no tolerance for drug activity. However, residents rated substance abuse, specifically drug and alcohol abuse, among the greatest health issues and urgent risks in Polk County in 2011 and 2014. In 2014, prescription drug use was also noted as a concern.

Drug court, mental health court, domestic violence shelters, Bridges of Auburndale, Peace River Center, and Tri-County Human Services were specifically named as strong resources providing support for substance abuse issues in Polk County.

Source: Community Themes and Strengths Assessment, 2014

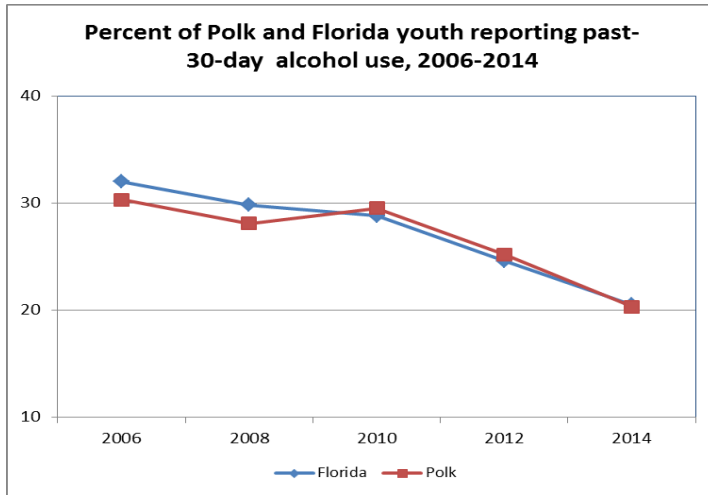
## Health Data

Charts 43 and 44 show:

Alcohol use among youth has been declining since 2010.

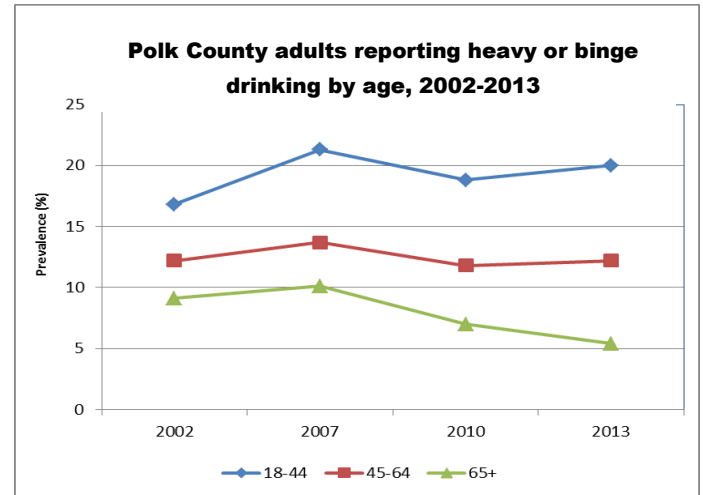
Heavy alcohol use or binge drinking is highest in the 18-44 age group.

**Chart 43**



Source: Hal Johnson, Where are We Now and Where Do We Go Next? A Public Health Epidemiology Approach (2015), 6

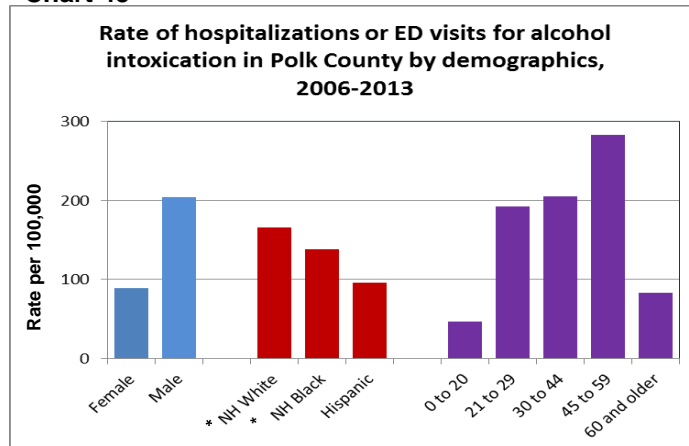
**Chart 44**



Source: Johnson 44

Hospitalizations or emergency department visits due to alcohol intoxication occurs more often in males and in persons between 45-59 years of age.

**Chart 45**



Source: Johnson 60, \*NH – Non-Hispanic

## Substance Abuse

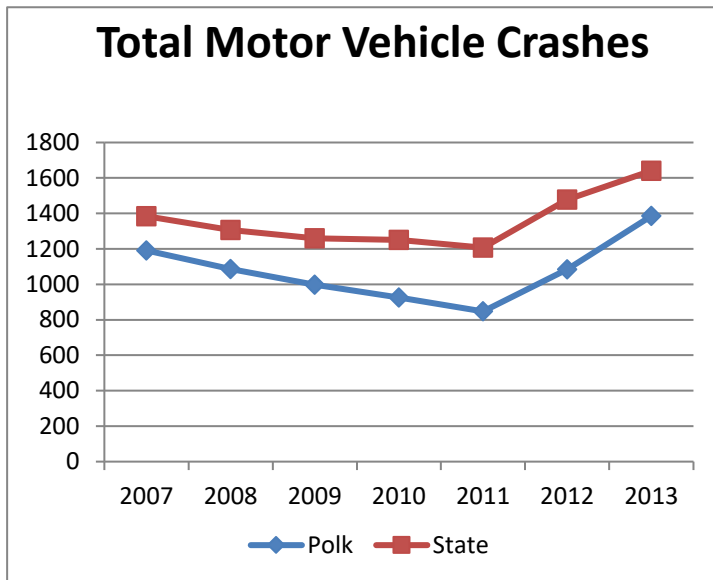
Charts 46 and 47 show:

Since 2011, the rate of total motor vehicle crashes in Polk County have been increasing.

Since 2007, the rate of alcohol-related motor vehicle crashes have been decreasing in Polk.

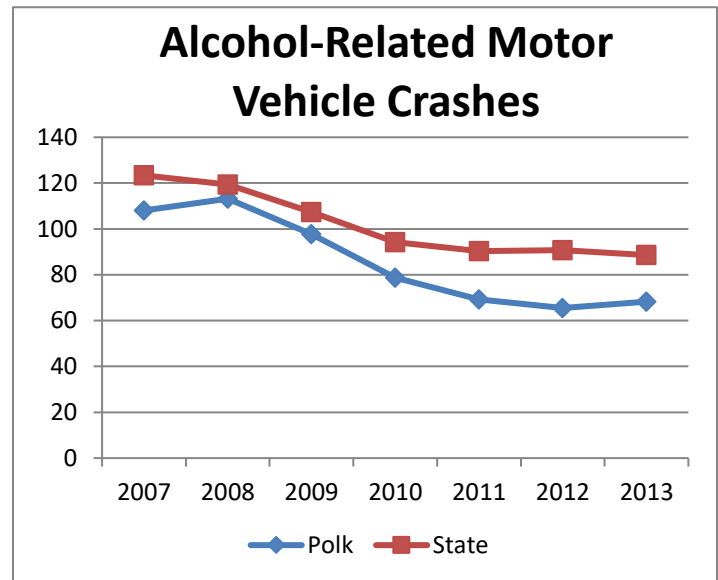
Between 2011-2013, less than 1% of the total motor vehicle crashes in Polk were alcohol related.

**Chart 46**



Source: Florida CHARTS, Single year rates

**Chart 47**



Source: Florida CHARTS, Single year rates

### Illicit Drug Use

Illicit drug use in the United States has been increasing. In 2013, an estimated 24.6 million Americans aged 12 or older—9.4 percent of the population—had used an illicit drug in the past month. This number is up from 8.3 percent in 2002. The increase mostly reflects a recent rise in use of marijuana, the most commonly used illicit drug.

Source: National Institute on Drug Abuse, <http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

Illicit drug use - which includes the abuse of illegal drugs and/or the misuse of prescription medications or household substances - is something many adolescents engage in occasionally, and a few do regularly.

By the twelfth grade, about half of adolescents have abused an illicit drug at least once.

Source: U.S. Department of Health & Human Services, <http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/illicit-and-non-drug-use.html>

Illicit drug dependence or use is a concern among residents and law enforcement.

Source: Community Themes and Strengths Assessment, 2014



# Substance Abuse

Chart 48 shows:

In Circuit 10, which includes Polk, Hardee and Highlands Counties, illicit drug use and nonmedical use of pain relievers in the past year was highest in the 18-25 age group.

Marijuana use was the most commonly reported and use was highest in the 18-25 age group.

**Chart 48**

2010-2012 National Survey on Drug Use and Health Age Group Tables						
	Ages 12-17		Ages 18-25		Ages 26+	
	Circuit 10	Florida	Circuit 10	Florida	Circuit 10	Florida
Illicit Drug Dependence or Abuse in the Past Year	3.88%	4.39%	8.82%	8.3%	1.57%	1.62%
Nonmedical Use of Pain Relievers in the Past Year	6.41%	5.14%	9.72%	8.43%	3.07%	3.13%
Cocaine Use in the Past Year	0.77%	0.75%	4.16%	5.49%	1.1%	1.34%
Marijuana Use in the Past Year	11.95%	13.63%	26.55%	30.87%	6.56%	7.84%

Percentages, Annual Averages Based on 2010, 2011, and 2012 National Survey on Drug Use and Health (NSDUH).

Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.

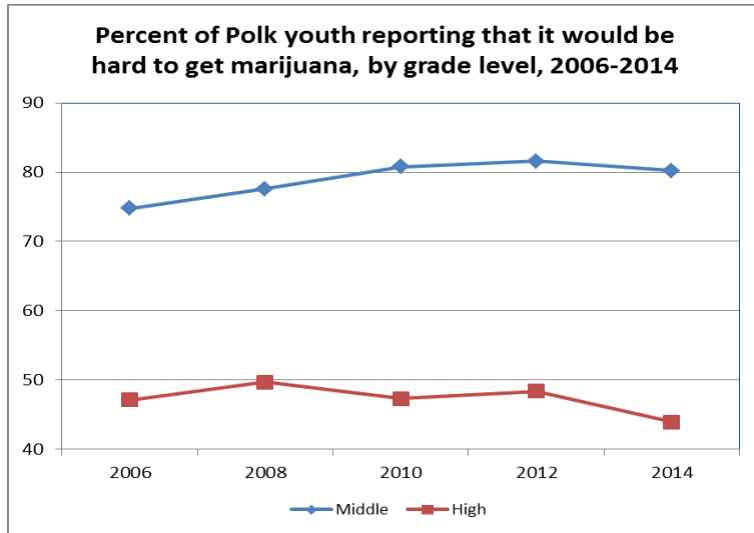
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2010, 2011, and 2012 (2010 Data - Revised March 2012).

Chart 49 and 50 show:

High School youth report it is easier to obtain marijuana.

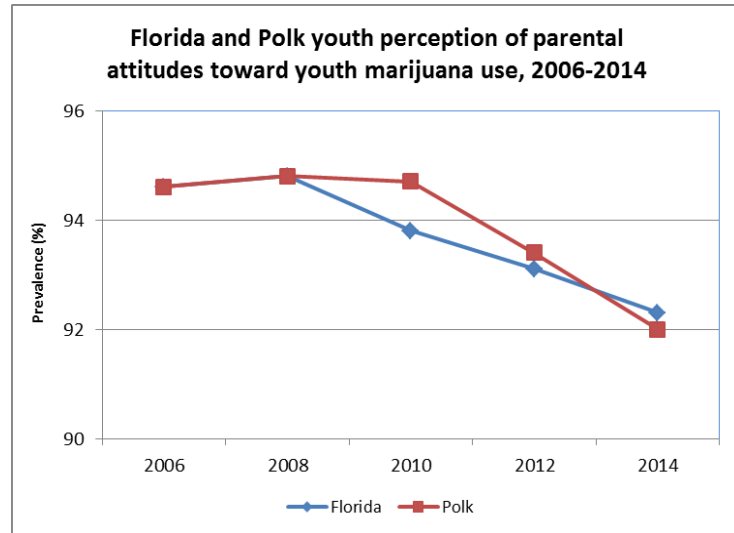
Polk youth who perceive their parents think it is wrong to smoke marijuana is declining.

**Chart 49**



Source: Johnson 30

**Chart 50**



Source: Johnson 35

# Substance Abuse

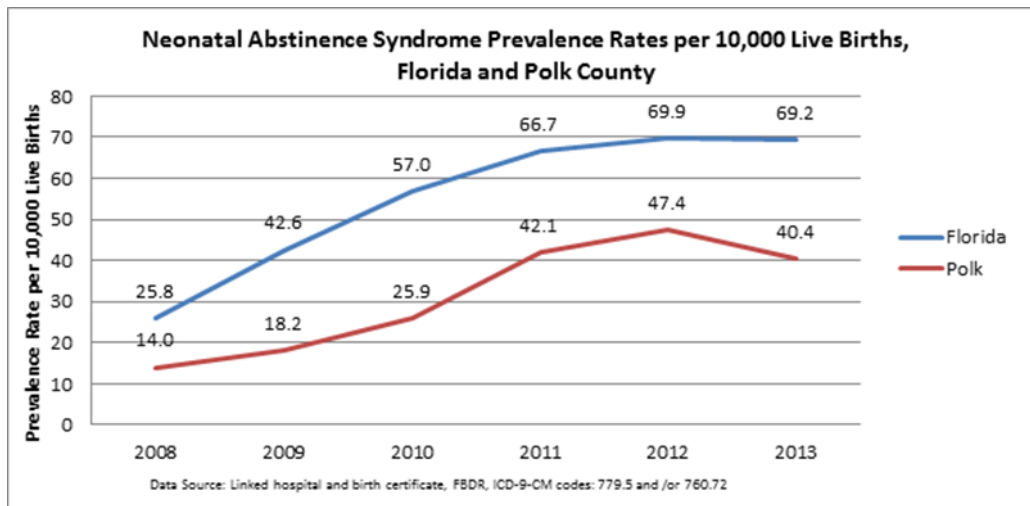
## Neonatal Abstinence Syndrome

In recent years, there has been a dramatic increase in the use of prescription opioid painkillers. Neonatal abstinence syndrome can occur among infants born to mothers who have used illicit drugs or prescription opioids during pregnancy, such as heroin, codeine and oxycodone.

When a woman uses such drugs during pregnancy, the baby is also exposed to them as they pass through the placenta. Because the baby is no longer exposed to the drugs after birth, they may experience withdrawal symptoms.

The prevalence rates of neonatal abstinence syndrome is rising in Florida. In Polk, there was a dramatic increase in prevalence of this syndrome between 2008-2012. In 2013, the prevalence decreased slightly. It is too early to determine if this is a trend.

Chart 51



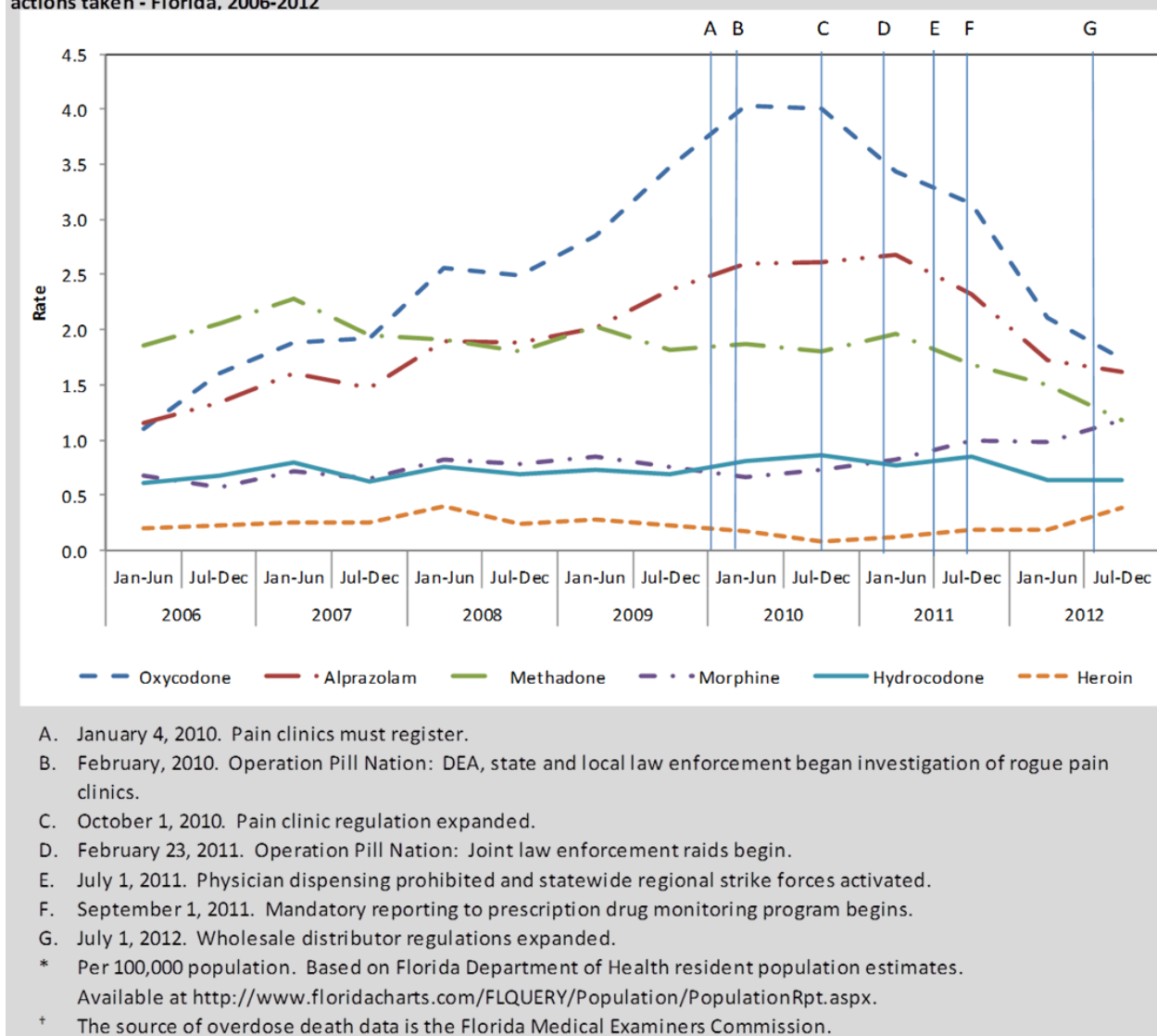
Source: Agency for Health Care Administration

# Substance Abuse

The graph below illustrates how policy can change behaviors. The timeline shows declining deaths from prescription drug overdose beginning in 2010 and following implementation of Operation Pill Nation in Florida.

**Chart 52**

**FIGURE. Semi-annual drug overdose death rates\* for selected drugs, and selected prescription drug diversion and misuse actions taken - Florida, 2006-2012<sup>†</sup>**



Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a3.htm>

Heroin use has increased across the US among men and women, most age groups, and all income levels. Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in 2013.

Source: CDC

According to the 2014 Florida Medical Examiners Commission Interim Drug Report, between January and June of 2014 there were 156 deaths in Florida, 5 of which were in Polk, where heroin was identified during the course of the investigation. Statewide, deaths caused by heroin increased by 103% compared with the first half of 2013.

Source: 2014 Florida Medical Examiners Commission Interim Drug Report, <https://www.fdle.state.fl.us/Content/Medical-Examiners-Commission/MEC-Publications-and-Forms/Documents/2014-Interim-Drug-Report-FINAL.aspx>

# Crime and Safety \*

## Consumer Opinion in Polk

Polk County residents identified low crime rate and safe neighborhoods as important qualities that make a community healthy and improve quality of life.

Gangs, juvenile violence and violent crime were rated among the urgent health and safety risks in Polk County in both 2014 and in a previous survey in 2011.

Source: Community Themes and Strengths Assessment, 2014

## Health Data

Violence, particularly among youth, is a major public health problem that has a significant impact on the health and well-being of our country. Youth who are victims of violence also have a higher risk for many physical and mental health problems, including smoking, obesity, high-risk sexual behavior, asthma, depression, academic problems, and suicide.

Source: Centers for Disease Control, Who's Leading the Health Indicators? Injury and Violence

The Polk County crime rate has been on a decline since 2010, as indicated by the chart below. The statistics presented in this chart are an indication of crime and criminal activities known to, and reported by, law enforcement agencies for 2014.

**Chart 53**

Polk Crime Trends 2010-2014										
Year	Index Total Crimes	% Change	Violent Crime	% Change	Property Crime	% Change	Population	% Change	Crime Rate	% Change
2010	23,218	-4.5	2,392	-11.3	20,826	-3.6	584,329	0	3,973.4	-4.5
2011	22,649	-2.5	2,543	6.3	20,106	-3.5	604,792	3.5	3,744.9	-5.8
2012	21,258	-6.1	2,170	-14.7	19,088	-5.1	606,888	0.3	3,502.8	-6.5
2013	20,409	-4.0	2,296	5.8	18,113	-5.1	613,950	1.2	3,324.2	-5.1
2014	19,501	-4.4	2,208	-3.8	17,293	-4.5	623,174	1.5	3,129.3	-5.9

Source: Florida Department of Law Enforcement, UCR database

Chart 54 shows the following are in the least favorable quartile:

Burglary

Domestic Violence Offenses

Motor Vehicle Theft

**Chart 54**

		Polk County			State
Social and Mental Health Indicators	Data Year	Number of Cases (annual avg)	3-Yr Rate Per 100,000	Quartile	3-Yr Rate Per 100,000
Crime and Domestic Violence					
Larceny	2013	12,653	2,072.40	3	2,332.10
Burglary	2013	5,594	916.2	4	806.7
Total Domestic Violence Offenses	2013	5,024	822.9	4	572
Aggravated Assault	2013	1,556	254.9	2	311.3
Motor Vehicle Theft	2013	856	140.1	4	195.1
Robbery	2013	448	73.4	3	126.8
Forcible Sex Offenses	2013	301	49.2	3	52.2
Murder	2013	28	4.6	3	5.2
Source: Florida CHARTS, Florida Division of Law Enforcement, Florida Department Of Highway Safety and Motor Vehicles, Florida Department Of Health. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
Most favorable situation		Average		Least Favorable	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

## Crime and Safety \*

Chart 55 shows Polk homicide deaths in the 19-21 year old age group are in the least favorable quartile in the state.

**Chart 55**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Homicide deaths per 100,000 population						
5-11	Per 100,000	2011-13	1st Quartile	<2	0.0(u)	0.6
12-18	Per 100,000	2011-13	3rd Quartile	<2	3.0(u)	4.4
19-21	Per 100,000	2011-13	4th Quartile	3	13.1	13.4
Source: Florida CHARTS, Florida Department of Health, Bureau of Vital Statistics						
(u) = Unstable rate (based on fewer than 5 events). When the rates are based on only a few cases or deaths, it is almost impossible to distinguish random fluctuation from true changes in the underlying risk of disease or injury. Therefore comparisons over time or between communities that are based on unstable rates can lead to erroneous conclusions about differences in risk which may or may not be valid. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
Most favorable situation		Average		Least Favorable		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

In 2013, Florida's age-adjusted injury death rates were higher than the national average by:

**200%** for unintentional drownings among children ages 1- 4

**13%** for suicides

**8%** for all unintentional injuries

**5%** for unintentional motor vehicle injuries

Source: Florida Department of Health, Injury Prevention

Unintentional injuries include, but are not limited to, those that result from motor vehicle crashes, falls, fires, poisonings, drownings, suffocations, choking, animal bites and recreational and sports-related activities. Unintentional injuries are the leading cause of death among Florida residents ages 1–44 and the fourth leading cause of death overall.

In Polk, unintentional injuries are the leading cause of injury death for all age groups.

**Chart 56**

Polk County Total Fatal Injuries, 2013 by Age Groups and Intent												
Intent	<1	1-4	5-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	Total Count
Unintentional	9	5	6	11	18	36	25	43	46	26	73	298
Suicide	0	0	1	5	9	4	15	18	11	10	9	82
Homicide	1	0	0	1	5	8	4	2	5	2	1	29
Other	0	0	0	0	1	1	0	0	0	0	0	2
Undetermined	0	0	0	0	0	0	1	0	0	1	0	2
Total	10	5	7	17	33	49	45	63	62	39	83	413

Case Definition: Fatalities with an external cause of injury listed as the underlying cause of death ICD-10 V01-Y36, Y85-Y87, Y89

Source: Prepared by FL Department of Health, Office of Injury Prevention, 4052 Bald Cypress Way, Bin C15, Tallahassee, FL 32399, (850) 245-4440 x2729

## Crime and Safety \*

Chart 57 shows that, in Polk County, unintentional injury deaths in the 5-11 and the 12-18 year age groups are in the least favorable quartile when compared to other counties in the state.

**Chart 57**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Other unintentional injury deaths per 100,000 population						
5-11	Per 100,000	2011-13	4th Quartile	<2	2.4(u)	1.3
12-18	Per 100,000	2011-13	4th Quartile	3	6	3.1
19-21	Per 100,000	2011-13	3rd Quartile	2	11.6	10.3
Source: Florida CHARTS. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

Chart 58 demonstrates that the cause of unintentional injury deaths varies by age group.

For instance:

Ages 0-4 are more likely to die from suffocation or drowning

Ages 15-34 are more likely to die in a motor vehicle crash

Ages 35-64 are more likely to die from poisoning

75 and over are more likely to die from falls

In addition, note the top three causes of unintentional fatal injuries are:

motor vehicle traffic

poisoning

falls

**Chart 58 Unintentional Fatal Injuries, By Mechanism and Age Group**

Mechanism	<1	1-4	5-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+	Total Count
Motor Vehicle Total*	2	0	2	9	15	19	10	13	13	8	9	100
Poisoning	0	0	0	1	3	15	14	21	23	6	0	83
Fall	0	0	1	0	0	1	0	3	2	5	45	57
Suffocation	7	1	0	0	0	0	0	1	0	0	5	14
Unspecified	0	0	0	0	0	0	0	2	0	2	8	12
Drowning,submersion	0	3	1	0	0	0	0	0	1	1	2	8
Fire, Flame	0	0	0	0	0	0	0	1	2	1	2	6
Transport, Other	0	0	1	0	0	0	0	0	1	2	0	4
Firearm	0	1	1	0	0	0	0	0	0	1	0	3
Pedalcyclist, Other	0	0	0	1	0	0	0	0	0	0	0	1
Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database, 2013. *Motor Vehicle Total includes deaths of motorcyclists, vehicle occupants, pedalcyclists and/or pedestrians. Case Definition: Fatalities with an external cause of injury listed as the underlying cause of death ICD-10 V01-Y36, Y85-Y87, Y89												

Each year, millions of older people—those 65 and older—fall. In fact, one out of three older people falls each year, but less than half tell their doctor. Falling once doubles your chances of falling again.

Falls are a threat to the health of older adults and can reduce their ability to remain independent.

One out of five falls cause a serious injury such as a broken bone or a head injury. These injuries can make it hard for a person to get around, do everyday activities, or live on their own.

Many people who fall, even if they're not injured, become afraid of falling. This fear may cause a person to cut down on their everyday activities. When a person is less active, they become weaker and this increases their chances of falling.

Source: CDC, <http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>

# Communicable and Infectious Diseases \*

## Sexually Transmitted Diseases (STDs)

### Consumer Opinion in Polk

Sexually transmitted diseases were mentioned as health issues and urgent health risks in 2014.  
Source: Community Themes and Strengths Assessment, 2014

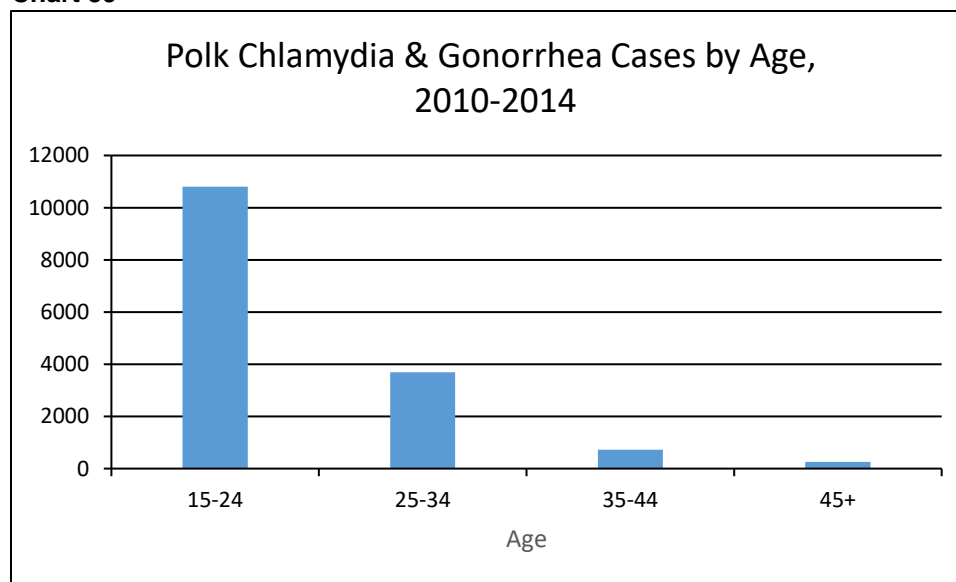
### Health Data

Sexually transmitted diseases (STDs), are among the most common infectious diseases in the United States today. Nearly 20 million sexually transmitted diseases (STDs) occur in the United States each year.

Nationally nearly 50% of STDs occur among young people 15-24. In Florida that rate is 60% and in Polk it is 68%. Over the past few years the rates of STDs have been trending upwards in Florida and in Polk County.

In Polk, bacterial STDs were diagnosed most frequently in the 15-24 age group as seen in the following chart.

**Chart 59**



Source: Florida Department of Health, Bureau of Communicable Diseases, PRISM

In 2014, the overall total of bacterial STDs in Polk was 3,650 cases, which includes Chlamydia, Gonorrhea, and Syphilis

68% (2,469) of reported cases occurred in those 15-24 years old.

5% (18) of reported cases occurred in those 55 years and older.

The Centers for Disease Control and Prevention reports young people are at greater risk of getting an STD for several reasons:

Young women's bodies are biologically more susceptible to STDs.

Some young people do not get the recommended STD tests.

Many young people are hesitant to talk openly and honestly with a doctor or nurse about their sex lives.

\*Please see Appendix for updated data

Not having insurance or transportation can make it more difficult for young people to access STD testing.

Some young people have more than one sex partner.

It is estimated that sexually transmitted diseases cost the healthcare system nearly \$16 billion in direct medical costs. This may represent only a fraction of the true burden of STDs in the United States as many cases of STDs go undiagnosed and are therefore not reported.

**Chlamydia** is the most frequently reported bacterial STD in the United States. Infection can go undiagnosed and cause problems in men and women and may also infect newborns born to infected mothers.

**Gonorrhea** is the second most frequently reported bacterial STD in the United States. Gonorrhea can result in infection of fallopian tubes in women resulting in a condition called pelvic inflammatory disease (PID). PID can lead to ectopic pregnancy and infertility.

Polk ranks in the 3<sup>rd</sup> quartile for the reported number of Chlamydia and Gonorrhea cases.

**Chart 60**

Polk					State
Diseases	Data Year	Number of Cases (annual average)	3-Yr Rate Per 100,000	Quartile	3-Yr Rate Per 100,000
Chlamydia Cases Reported	2011-2013	7,639	417.1	3	409.8
Gonorrhea Cases Reported	2011-2013	1,458	79.6	3	105.3
Source: Florida CHARTS. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
Most favorable situation		Average	Least Favorable		
1 (25% of counties)		2-3 (50% of counties)	4 (25% of counties)		

Source: Florida CHARTS

**Syphilis** causes genital ulcers (sores) in the early stages. If untreated, Syphilis can lead to serious complications over time. A pregnant mother who has syphilis can spread the disease to her unborn child resulting in congenital syphilis.

Polk ranks in the least favorable quartile for infectious syphilis cases.

**Chart 61**

Diseases	Data Year	Number of Cases (annual average)	County 3-Yr Rate Per 100,000	Quartile	State 3-Yr Rate Per 100,000
Infectious Syphilis cases reported	2011-2013	118	6.4	4	7.3
Source: Florida CHARTS. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
Most favorable situation		Average	Least Favorable		
1 (25% of counties)		2-3 (50% of counties)	4 (25% of counties)		

Source: Florida CHARTS

In 2013, the Florida Department of Health Bureau of Epidemiology identified the STD disparities in Florida:



# Communicable and Infectious Diseases \*

Chlamydia rate was highest in females and in the black/African American population.  
Gonorrhea rate was reported slightly more often in males and significantly more often in the black/African American population.  
Syphilis was reported more often in males and in the black/African American population.

## HIV/AIDS

More than 1.2 million people in the United States are living with HIV infection and almost 1 in 8 (12.8%) are unaware of their infection.

HIV and AIDS case rates have been decreasing nationally and in Florida over the past 10-12 years. However, Florida leads the nation with the highest number of newly diagnosed HIV infections and newly diagnosed AIDS cases in 2013.

According to CDC, Florida ranks third in the number of adults (age 13+) living with HIV infection, following New York and California.

Data from the Florida Department of Health Bureau of Communicable Disease has identified the following groups as most commonly to be living with HIV disease in Region 14 which includes Polk, Highlands and Hardee Counties:

Black Heterosexual men and women

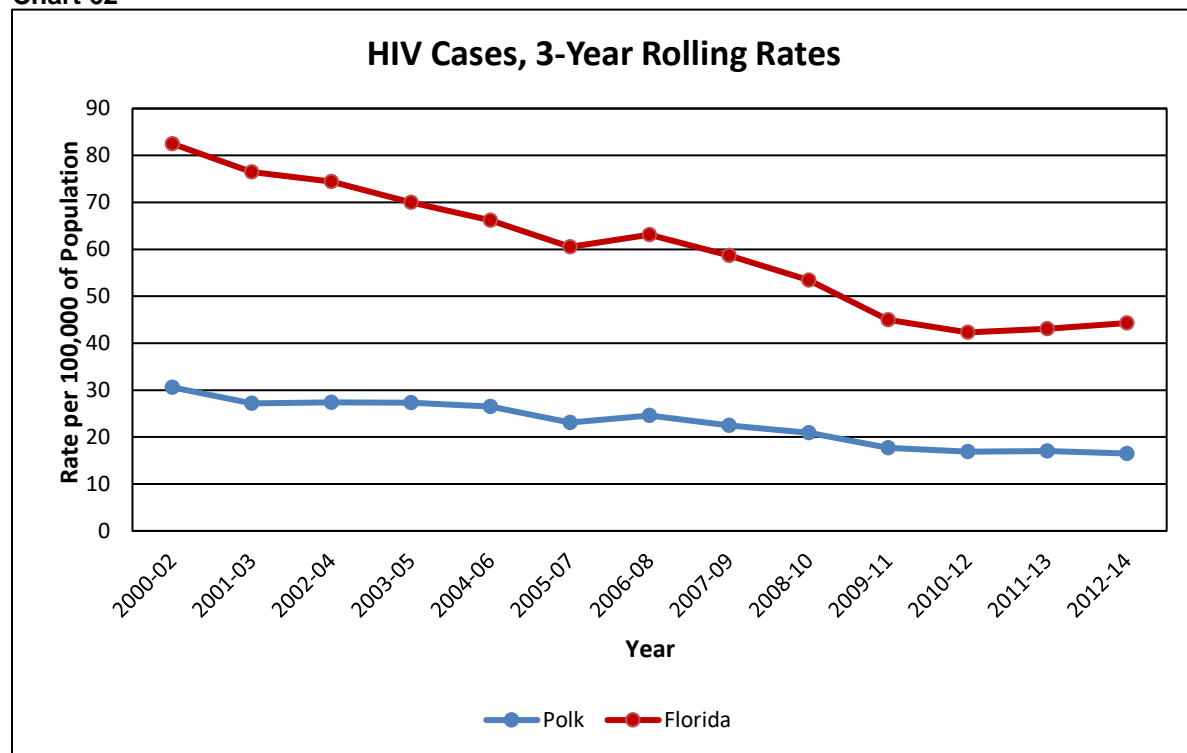
White Men who have sex with Men

Black Men who have sex with Men

Hispanic Heterosexual men and women

Source: Florida Department of Health, Bureau of Communicable Disease

Chart 62

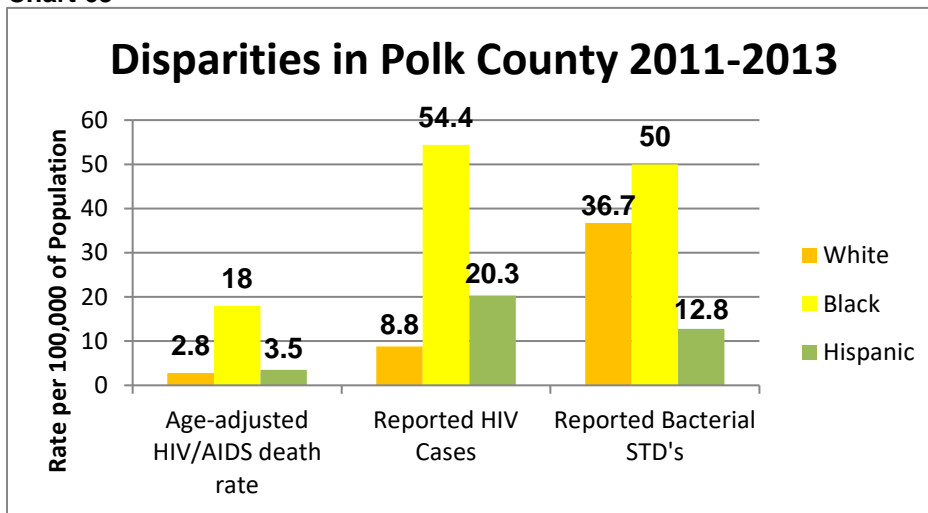


# Communicable and Infectious Diseases \*

Source: Florida CHARTS

Chart 63 shows from 2011-2013, blacks were significantly more likely to die from HIV/AIDS than whites and Hispanics.

Chart 63



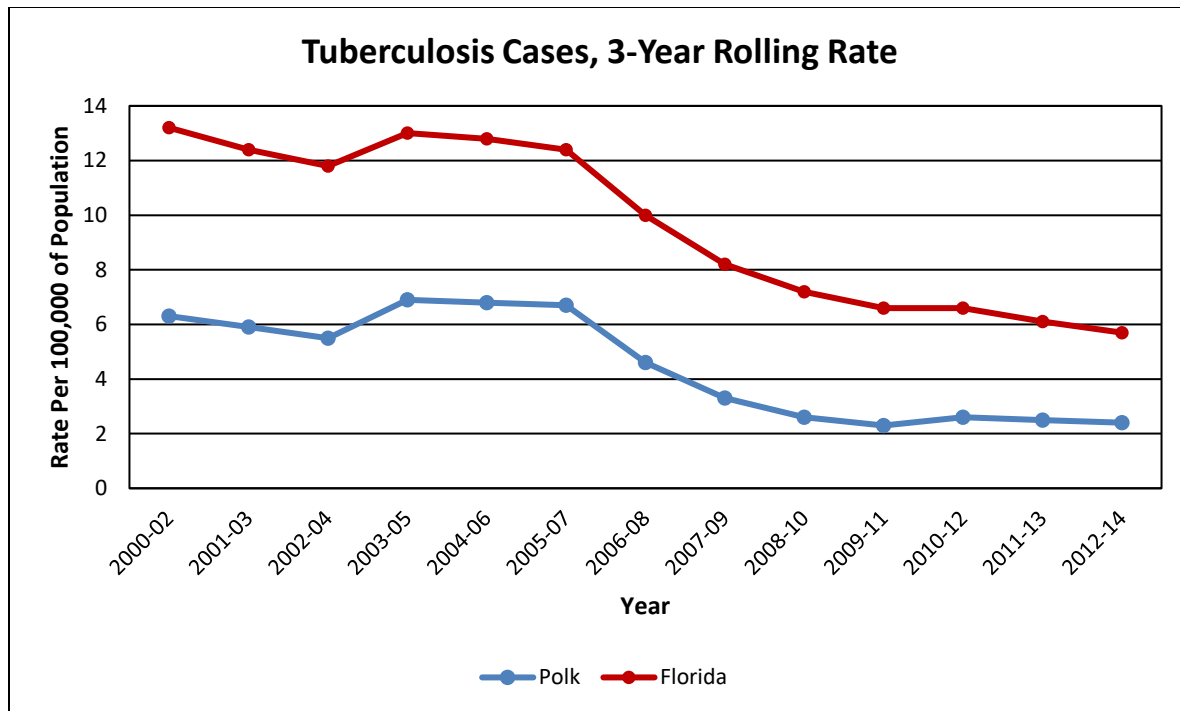
Source: Florida CHARTS

## Tuberculosis (TB)

**Tuberculosis (TB)** is a curable disease that can lay dormant for years and the majority of diagnoses are from past exposures that have become reactivated. TB rates have steadily declined. Risk factors for contracting TB include frequent contact with TB-infected individuals, poor nutrition, low socioeconomic status, being foreign-born from countries with high TB rates, people with depressed immune systems, and people in institutional settings.

Chart 64

# Communicable and Infectious Diseases \*



Source: Florida CHARTS

## Vaccine Preventable Diseases

Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age 2, many under-immunized children remain, leaving the potential for outbreaks of disease.

For example, people in the United States still get *measles*, but it's not very common. That's because most people in this country are protected against measles through vaccination. Every year, unvaccinated people get measles while they are abroad and bring the disease into the United States and spread it to others. Measles is more likely to spread and cause outbreaks in U.S. communities where groups of people are unvaccinated.

Source: CDC.gov

Since 1997, there have only been two cases of measles reported in Polk County. The most recent case was in 2009.

Pertussis, also known as whooping cough, is a highly contagious respiratory disease that has increased nationwide since the 1980's. It is known for uncontrollable, violent coughing which often makes it hard to breathe.

Coughing fits due to pertussis infection can last for up to 10 weeks or more. Pertussis can cause serious illness in infants, children and adults and can even be life-threatening, especially in infants.

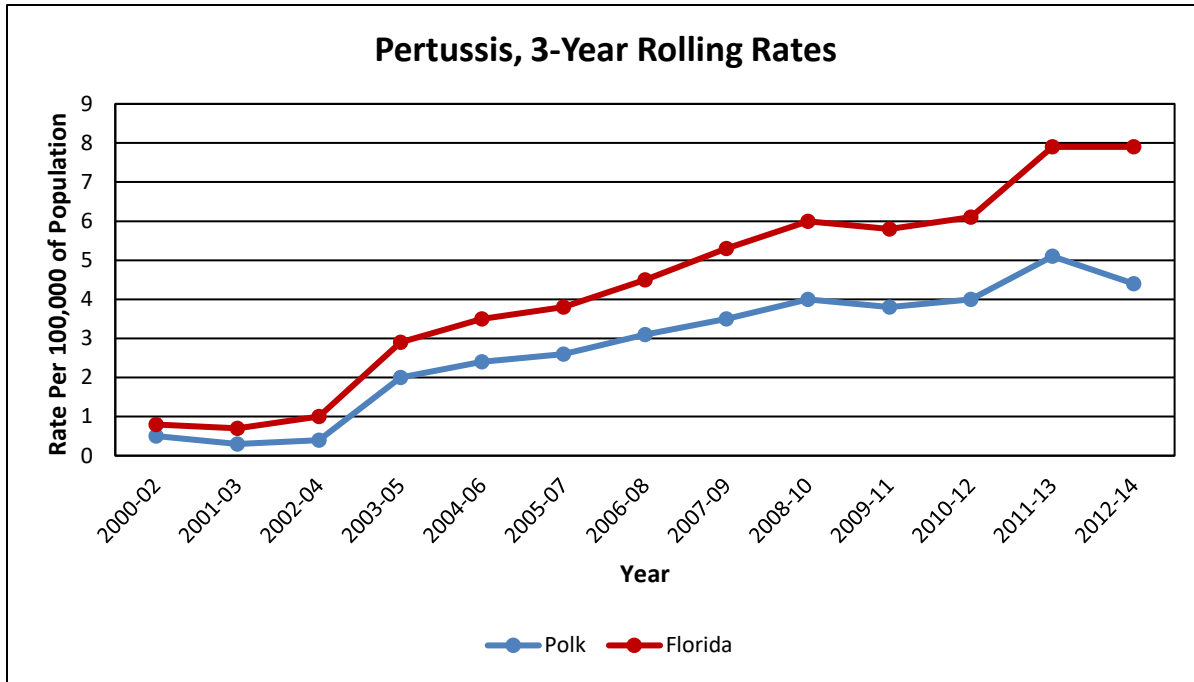
In Florida, the greatest incidence is in children less than one year of age. Older adults often have milder infections and serve as the reservoirs and sources of infection for infants and young children. Therefore, it is important that adults be vaccinated against pertussis.

The CDC recommends pregnant women receive the Tdap (Tetanus, diphtheria and pertussis) vaccine during the third trimester of pregnancy. Other adults whose vaccine status is unknown should also receive a Tdap vaccine.

Here in Polk, we have seen an increase in pertussis cases over the past 10-12 years.

# Communicable and Infectious Diseases \*

Chart 65



Source: Florida CHARTS

State and local vaccination requirements for school entry are implemented to maintain high vaccination coverage and protect schoolchildren from vaccine-preventable diseases. In Florida, health departments, school nurses, or school personnel assess the vaccination and exemption status of children as defined by state law.

In 2014, two-year olds fully immunized in Polk County was below the state rate. In 2012-2014, Polk County was higher than the state rate for both Kindergarten children and 7<sup>th</sup> graders fully immunized.

Chart 66

Polk				State
	Data Year	Rate (%)	Quartile	Rate (%)
Two-year olds fully immunized	2014	81.3%	No quartiles for this measure	85.7%
Kindergarten children fully immunized	2012-14	95.9%	1	92.8%
Immunization levels in 7 <sup>th</sup> grade	2012-14	97.6%	2	95.9%
Source: Florida CHARTS. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.				
Most favorable situation	Average	Least Favorable		
1 (25% of counties)	2-3 (50% of counties)	4 (25% of counties)		

Source: Florida CHARTS

# Maternal and Infant Health \*

## Consumer Opinion in Polk

Maternal and Infant Health was not noted as a health issue or concern from the consumer surveys conducted in 2014.

Issues affecting some pregnant women and their babies in Polk identified in a key informant interview include: obesity, mental health issues, access to transportation for proper prenatal care, sexually transmitted diseases and prescription drug use.

Source: Community Themes and Strengths Assessment, 2014

## Health Data

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality **preconception** (before pregnancy) and **interconception** (between pregnancies) care.

Many factors can affect pregnancy and childbirth, including:

Preconception health status

Age

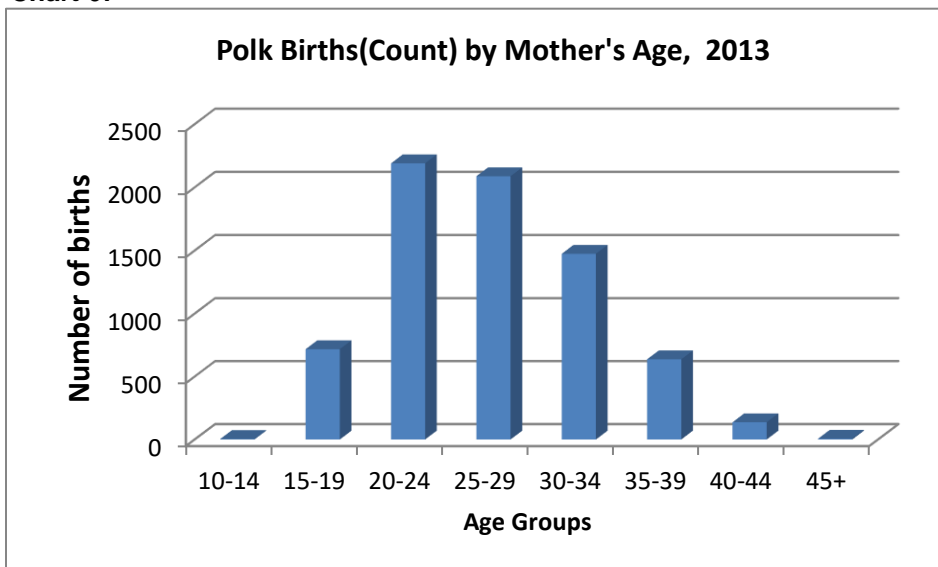
Access to appropriate preconception and interconception health care

Poverty

Source: Healthy People 2020

There were 7,253 live births in Polk County in 2013. The chart below shows the number of births by age of the mother.

Chart 67



Source: Florida CHARTS

# Maternal and Infant Health \*

## Teen Pregnancy

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. Babies born to teens are more likely to be premature and are at a greater risk for low birth weight. In addition, children born to teen parents are at greater risk for living in poverty, experiencing health problems, having difficulty in school, serving time in jail, and/or becoming teen parents themselves.

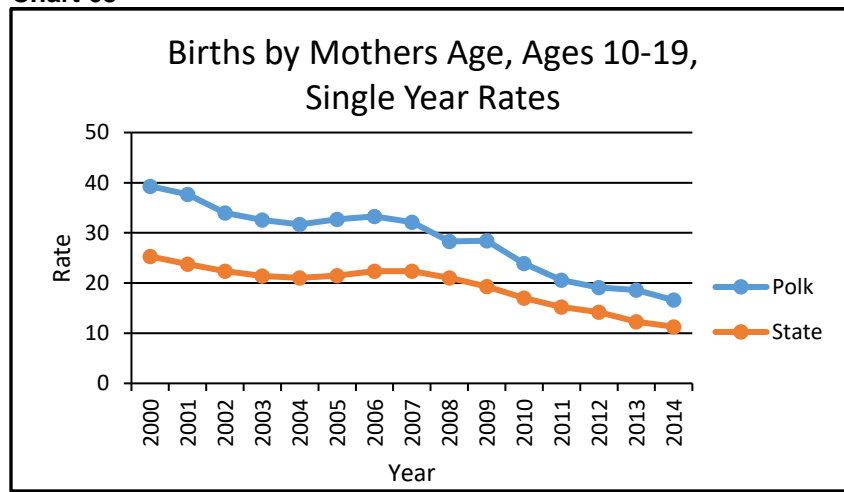
Source: CDC

Nationally, the teen birth rate has been declining over the past 20 years. This decline is due to the combination of an increased percentage of adolescents who are waiting to have sexual intercourse and the increased use of contraceptives by teens. However, about 77% of teen pregnancies are unplanned.

Source: Office of Adolescent Health, in the U.S. Department of Health and Human Services.

In Polk, births to mothers' ages 10-19 years old have decreased 23% since 2000, but remains higher than the state rate.

**Chart 68**



Source: Florida CHARTS

## Pregnancy-Related Health Outcomes

Pregnancy-related health outcomes are influenced by a woman's health and other factors. In Polk, approximately 53% of births between the years 2011-2013 were to women who were either overweight or obese at the time pregnancy occurred.

According to the American College of Gynecology, overweight and obese women are at increased risk of several pregnancy complications such as:

- gestational diabetes
- hypertension
- preeclampsia
- cesarean delivery

Similarly, babies born to women who are overweight or obese are at increased risk of complications such as:

- prematurity
- stillbirth
- congenital defects
- birth injuries
- childhood obesity

# Maternal and Infant Health \*

Prenatal care is ideally initiated in the first trimester (before the end of the 12<sup>th</sup> week) of pregnancy. Healthy People 2020's goal is for 77.9% of females delivering a live birth to have received prenatal care beginning in the first trimester. The state rate for mothers receiving prenatal care during the first trimester is 80.1%; Polk's rate is 73.4%.

Between 2011-2013, 21% of births in Polk were to mothers greater than 18 years of age without a high school education.

**Chart 69**

Measure	Rate Type	Year(s)	County Quartile	County Rate	State Comparison
<b>Birth Family Characteristics</b>					
Births to mothers ages 15-19	Per 1,000 females 15-19	2011-13	3	38.7	26.7
Repeat births to mothers ages 15-19	Percent of births 15-19	2011-13	3	17.7%	16.9%
Births to mothers > 35	Per 1,000 females > 35	2011-13	3	3.3	4.5
Births to mothers > 18 without high school education	Percent of births > 18	2011-13	4	21.10%	13.00%
<b>Pre-conception Health and Behaviors</b>					
Females > 17 who engage in heavy or binge drinking	Percent of females > 17	2010	2	8.10%	10.50%
Women 15-34 with sexually transmitted diseases	Per 100,000 females 15-34	2011-13	3	2773.1	2609.5
Females > 17 who are current smokers	Percent of females > 17	2010	3	21.20%	16.00%
Births to underweight mothers at time pregnancy occurred	Percent of births	2011-13	2	11.00%	11.40%
Births to overweight mothers at time pregnancy occurred	Percent of births	2011-13	4	25.20%	23.90%
Births to obese mothers at time pregnancy occurred	Percent of births	2011-13	4	27.60%	20.80%
Births with inter-pregnancy interval < 18 months	Percent of births	2011-13	3	38.00%	35.10%
<b>Pregnancy and Health Behaviors</b>					
Births to mothers who report smoking during pregnancy	Percent of births	2011-13	2	9.30%	6.60%
<b>Access to Services</b>					
Births with 1st trimester prenatal care	Percent of births w/ known PNC status	2011-13	3	73.40%	80.10%
Births with late or no prenatal care	Percent of births w/ known PNC status	2011-13	3	5.70%	4.70%
Births with adequate prenatal care (Kotelchuck index)	Percent of births w/ known PNC status	2011-13	3	65.40%	70.50%
Births to uninsured women ("self-pay" checked on birth certificate)	Percent of births	2011-13	3	6.20%	7.80%
Births covered by Medicaid	Percent of births	2011-13	3	61.20%	50.90%
C-section births	Percent of births	2011-13	2	32.80%	38.00%
Source: Florida CHARTS      Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

\*Please see Appendix for updated data

# Maternal and Infant Health \*

## Birth Outcomes

Birth outcomes are a category of measures that describe health at birth. These outcomes, such as low birthweight (LBW) and premature birth serve as predictors of future child health.

Source: County Health Rankings

The following chart shows that Polk ranks average when compared to other counties in the state.

**Chart 70**

Measure	Rate Type	Year(s)	County Quartile	County Rate	State Comparison
<b>Birth Outcomes</b>					
Births < 1500 grams (very low birth weight)	Percent of births	2011-13	<b>3</b>	1.60%	.60%
Births < 2500 grams (low birth weight)	Percent of births	2011-13	<b>2</b>	8.20%	8.60%
Births < 37 weeks gestation (preterm)	Percent of births	2011-13	<b>2</b>	12.60%	13.90%
Source: Florida CHARTS      Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.					
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>	
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)	

When looking at specific populations such as race (Black/White) and ethnicity (Hispanic/Non-Hispanic), health disparities become apparent in the following health measures:

In Chart 71, the highlighted boxes show less favorable measures.

**Chart 71**

Measure	Year(s)	Rate Type	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
<b>Maternal and Child Health</b>						
Births to mothers ages 15-19	2011-13	Per 1,000	44.9	38	<b>46.5</b>	36
Repeat births to mothers aged 15-19 (%)	2011-13	Percent	19.40%	17.40%	<b>23.00%</b>	15.40%
Births to mothers over 18 without a high school education (%)	2011-13	Percent	19.40%	22.00%	<b>39.70%</b>	15.10%
Births to mothers who smoked during pregnancy (%)	2011-13	Percent	6.00%	<b>10.20%</b>	3.70%	7.90%
Mothers who initiate breastfeeding	2011-13	Percent	<b>63.50%</b>	80.20%	83.70%	74.80%
Births with 1st trimester prenatal care	2011-13	Percent	<b>66.40%</b>	75.20%	71.00%	74.40%
Births with no prenatal care	2011-13	Percent	<b>2.20%</b>	1.30%	1.30%	1.50%
Births < 37 weeks of gestation	2011-13	Percent	<b>17.00%</b>	11.50%	12.30%	12.70%
Births < 1500 grams (very low birth weight)	2011-13	Percent	<b>2.60%</b>	1.30%	1.40%	1.10%
Births < 2500 grams (low birth weight)	2011-13	Percent	<b>11.40%</b>	7.40%	7.30%	5.40%
Very low birthweight infants born in subspecialty perinatal centers	2011-13	Percent	<b>58.00%</b>	64.20%	63.60%	61.10%
Fetal deaths	2012-14	Per 1,000	<b>10.8</b>	6.5	5.6	8.4
Infant deaths (0-364 days)	2012-14	Per 1,000	<b>13.6</b>	6.4	7.1	7.1
Sudden Unexpected Infant Deaths (SUID)	2012-14	Per 1,000	<b>2.1</b>	1.1	0.7	1.4

Source: Florida CHARTS Rate is per 1,000 women and 1,000 deliveries.

For more information on health disparities, please see the section on page 22.



# Child Health \*

Children's health indicators have been covered in other sections of this report. However, since there are many areas where Polk ranks in the least favorable quartile as compared to other counties in the state, health factors relating to children and adolescents are summarized in this section.

## Childhood and Adolescence

**Early and middle childhood** are typically healthy ages, however, it is during this time that children are at risk for the following:

- Asthma
- Obesity
- Dental caries
- Child maltreatment
- Developmental and behavioral disorders

These conditions affect children, their education, and the health and well-being of the adolescents and adults they will become.

**Adolescence** is generally a healthy time of life, several important public health and social problems either peak or start during these years. Examples include:

- Motor vehicle crashes, including those caused by drinking and driving
- Substance use and abuse
- Smoking
- Sexually transmitted infections, including human immunodeficiency virus (HIV)
- Teen and unplanned pregnancies
- Homicide
- Suicide
- Homelessness

Source: Healthy People 2020

## Chronic Disease

**Asthma** is a chronic, or long-term, lung disease that causes breathing problems and can be life threatening. There is no cure for asthma but it can be prevented and controlled with proper care. People with asthma can live a normal and active life. Asthma is characterized by excessive sensitivity of the lungs to various irritants such as infections, allergens, pollutants, and exposure to cigarette smoke.

Approximately 1 in 10 Florida children currently have asthma. Asthma is more common and more severe among children; women; low-income, inner-city residents; and African American and Puerto Rican communities.

There are economic costs associated with asthma including direct costs of hospital admissions, medications, and indirect costs such as school absenteeism and loss of worktime for parents.

Source: Floridahealth.gov

**Diabetes** is a disease in which blood glucose levels are above normal. Children are most often diagnosed with type 1 diabetes, which is not tied to obesity. Its cause is relatively unknown. With type 1 diabetes, the body does not produce insulin, which is necessary for the body to turn sugar into energy. Type 2 diabetes, used to be rare in children and is linked to obesity. In type 2 diabetes the body either does not produce enough insulin or the body does not use insulin efficiently. Today, doctors are diagnosing more kids with type 2 diabetes, as childhood obesity continues to rise.

Source: CDC

**Obesity** in childhood occurs when a child is well above the normal or healthy weight for his or her age and height. The main causes of excess weight in youth are similar to those in adults, including individual causes such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures.

Body mass index (BMI) is a measure used to determine childhood overweight and obesity. Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.

Source: CDC

Chart 72 indicates:

Polk is in the least favorable quartile in the state for the number of children and adolescents hospitalized for asthma and for diabetes.

High school students who report having asthma is also in the least favorable quartile.

Data is available for children enrolled in the Federally Subsidized Women, Infants, and Children (WIC) nutrition program. Polk is in the 4th quartile for WIC children who are overweight or obese

Also in the 4th quartile are:

high school students who are obese, and

middle school students without sufficient vigorous physical activity.

**Chart 72**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Potentially Avoidable Hospitalizations<sup>7</sup></b>						
Asthma hospitalizations per 100,000 population (3-year rate)						
1-5	Per 100,000	2010-12	4th Quartile	450	1170.2	938.8
5-11	Per 100,000	2010-12	4th Quartile	375	681.7	462.7
12-18	Per 100,000	2010-12	4th Quartile	281	506.4	351.7
Percent of students who report having asthma						
Middle school	Percent	2012	3rd Quartile		21.00%	20.10%
High school	Percent	2012	4th Quartile		24.00%	20.80%
Diabetes hospitalizations per 100,000 population (3-year rate)						
5-11	Per 100,000	2010-12	4th Quartile	29	52.6	43.2
12-18	Per 100,000	2010-12	4th Quartile	81	146.2	122.4
<b>Insufficient Physical Activity</b>						
Percent of students without sufficient vigorous physical activity						
Middle school	Percent	2012	4th Quartile		36.50%	29.90%
High school	Percent	2012	3rd Quartile		39.00%	37.30%
<b>Obesity</b>						
WIC children >=2 who are overweight or obese	Percent of WIC children >=2	2013	4th Quartile		31.00%	27.60%
Percent of students reporting BMI at or above 95th percentile						
Middle school	Percent	2012	3rd Quartile		14.30%	11.10%
High school	Percent	2012	4th Quartile		18.80%	14.30%
Source: Florida CHARTS      Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

**Mental Health** in childhood means reaching developmental and emotional milestones, and learning

## Child Health \*

healthy social skills and how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities.

Source: CDC

According to the American Psychological Association and the Centers for Disease Control and Prevention, approximately one in 10 youth has mental health problems that are severe enough to impair how they function at home, school, or in the community.

Factors that may predict mental health problems can be identified in the early years.

Children and youth from low-income households are at an increased risk for mental health problems.

Nearly half of all children and youth in the child welfare system have a mental health disorder.

70% of youth in the juvenile justice system have a diagnosable mental health disorder.

Source: <https://www.apa.org/about/gr/issues/cyf/mental-behavioral-needs.pdf>

Chart 73 shows:

Mental health indicators of self-inflicted injuries, eating disorders and suicide deaths rank in the 3rd quartile.

Polk is in the 4th quartile for referrals to the Department of Juvenile Justice for children ages 10-17.

**Chart 73**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Mental Health</b>						
Non-fatal hospitalizations for self-inflicted injuries per 100,000 pop. (3-yr rate)						
12-18	Per 1,000	2010-12	3rd Quartile	40	72.5	64.8
Non-fatal hospitalizations for eating disorders per 100,000 pop. (3-yr rate)						
12-18	Per 1,000	2010-12	3rd Quartile	7	13.8	17.6
Suicide deaths per 100,000 population (3-year rate)						
12-18	Per 1,000	2011-13	3rd Quartile	3	6.6	4.5
Percent of emotionally handicapped children* in schools grades K-12						
K-12	Percent	2011-13	1st Quartile	423	0.40%	0.70%
Referrals to Department of Juvenile Justice per 10,000 pop. 10-17						
10-17	Per 1,000	2011-13	4th Quartile	5,847	921.2	515.7
Source: Florida CHARTS      Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

### Risky Behaviors

Although mentioned under the maternal child section of this report that teen birth rates are declining, Polk is in the 4th quartile for births to teenage mothers ages 15-17 when compared to other counties in the state. See page 56 for more information.

## Child Health \*

Tobacco use by middle and high school students is average in Polk when compared to other counties in the state.

Alcohol use, binge drinking and use of marijuana is average in Polk when compared to other counties in the state.

**Chart 74**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Tobacco Use</b>						
Percent of students smoking cigarettes in the past 30 days						
Middle school	Percent	2012	3rd Quartile		5.80%	3.30%
High school	Percent	2012	2nd Quartile		12.50%	10.10%
<b>Sexual Activity</b>						
Births to teenage mothers per 1,000 females (3-year rate)						
15-19	Per 1,000	2011-13	3rd Quartile	742	38.7	26.7
15-17	Per 1,000	2011-13	4th Quartile	223	19.4	12
18-19	Per 1,000	2011-13	3rd Quartile	518	67.6	48.8
Percent of repeat births to teenage mothers (3-year rate)						
15-19	Percent	2011-13	3rd Quartile	131	17.70%	16.90%
15-17	Percent	2011-13	3rd Quartile	17	7.80%	7.70%
18-19	Percent	2011-13	3rd Quartile	114	22.00%	20.30%
Reported STD cases ages 15-19 (3-Year Rate)	Per 100,000	2011-13	2nd Quartile	868	2198.2	2250.2
<b>Substance Abuse</b>						
Percent of students who used alcohol in past 30 days						
Middle school	Percent	2012	3rd Quartile		14.30%	12.30%
High school	Percent	2012	2nd Quartile		33.80%	33.90%
Percent of students reporting binge drinking						
Middle school	Percent	2012	3rd Quartile		6.40%	4.70%
High school	Percent	2012	1st Quartile		15.30%	16.40%
Percent of students using marijuana/hashish in past 30 days						
Middle school	Percent	2012	3rd Quartile		5.20%	4.20%
High school	Percent	2012	2nd Quartile		15.80%	18.50%
Source: Florida CHARTS      Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

### Learning Environment

Polk ranks 8<sup>th</sup> out of 67 counties for out of school suspensions in both middle and high school aged students according to data from the Florida Department of Education, Education Information and Accountability Services (EIAS) and reported in Florida CHARTS.

**Chart 75**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Learning Environment</b>						
Percentage of K-12 students absent 21+ days	Percent	2012	1st Quartile		7.50%	9.60%
Percent of children not promoted						
Elementary school	Percent	2010-12	3rd Quartile	2,180	4.90%	3.50%
Middle school	Percent	2010-12	3rd Quartile	536	2.50%	2.20%
High school graduation rate	Percent	2012	2nd Quartile		69.40%	75.60%
Out of school suspensions per 1,000 students						
Middle school	Per 1,000	2010-12	4th Quartile	4,637	214.3	129.3
High school	Per 1,000	2010-12	4th Quartile	4,741	174.7	101
Percent of students feeling safe at school						
Middle school	Percent	2012	2nd Quartile		76.30%	79.10%
High school	Percent	2012	2nd Quartile		77.40%	79.80%
Percent of students ready for school at kindergarten entry	Percent	2012	2nd Quartile		90.70%	91.20%
Source: Florida CHARTS *Emotional or Behavioral Disabilities Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

## Socioeconomic Measures

The rate of children ages 12-17 who are in foster care in Polk is in the 4th quartile.

The percentage of children who are eligible for free/reduced lunch in Polk ranks in the 3rd quartile when compared to other counties in the state.

**Chart 76**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Social Environment</b>						
Children in foster care per 1,000 population						
5-11	Per 1,000	2010-12	3rd Quartile	248	4.5	3.5
12-17	Per 1,000	2010-12	4th Quartile	287	6	4.4
Children 5-11 experiencing child abuse per 1,000 pop. 5-11	Per 1,000	2010-12	2nd Quartile	615	11.2	12.1
Children 5-11 experiencing sexual violence per 1,000 pop. 5-11	Per 1,000	2009-11	2nd Quartile	41	0.7	0.6
<b>Socio-Economic Data</b>						
Percent of students eligible for free/reduced lunch						
Elementary school	Percent	2011-13	3rd Quartile		75.10%	63.50%
Middle school	Percent	2011-13	3rd Quartile		67.80%	59.90%
Source: Florida CHARTS *Emotional or Behavioral Disabilities Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

## Injuries and Violence

See Crime and Safety Section on page 46 for more information.

Unintentional injuries for school aged children are high and are in the least favorable quartile in the state.

Indicators in the best quartile include:

# Child Health\*

Non-fatal head injury hospitalizations per 100,000 population in children ages 12-18  
Homicide deaths per 100,000 population in children ages 5-11

**Chart 77**

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Injuries and Violence (3-Year rates)</b>						
Licensed drivers in motor vehicle crashes per 1,000 licensed drivers						
15-18	Per 1,000	2013	3rd Quartile		50.9	47.5
Child Passengers injured/killed in motor vehicle crashes per 100,000 pop.						
5-11	Per 100,000	2008-10	2nd Quartile	187	336.9	369.1
12-18	Per 100,000	2008-10	2nd Quartile	293	530.6	570.5
Motor vehicle deaths per 100,000 population						
5-11	Per 100,000	2011-13	3rd Quartile	<2	1.8(u)	2
12-18	Per 100,000	2011-13	3rd Quartile	5	9.6	7.4
Non-fatal motor vehicle related hospitalizations per 100,000 pop. (MV occupants only)						
5-11	Per 100,000	2010-12	2nd Quartile	5	9.7	11.3
12-18	Per 100,000	2010-12	2nd Quartile	20	36	37.3
Head injury deaths per 100,000 population						
5-11	Per 100,000	2011-13	3rd Quartile	<2	1.8(u)	1.3
12-18	Per 100,000	2011-13	3rd Quartile	5	10.2	6.6
Non-fatal head injury hospitalizations per 100,000 population						
5-11	Per 100,000	2010-12	2nd Quartile	11	20	26.3
12-18	Per 100,000	2010-12	1st Quartile	26	47.3	58.3
Other unintentional injury deaths per 100,000 population						
5-11	Per 100,000	2011-13	4th Quartile	<2	2.4(u)	1.3
12-18	Per 100,000	2011-13	4th Quartile	3	6	3.1
Other non-fatal unintentional injury hospitalizations per 100,000 pop.						
5-11	Per 100,000	2010-12	2nd Quartile	83	150.6	166.5
12-18	Per 100,000	2010-12	2nd Quartile	125	224.8	282.1
Violent acts in school per 1,000 students grades K-12	Per 1,000	2010-12	3rd Quartile	1,388	14.5	13.6
Homicide deaths per 100,000 population						
5-11	Per 100,000	2011-13	1st Quartile	<2	0.0(u)	0.6
12-18	Per 100,000	2011-13	3rd Quartile	<2	3.0(u)	4.4
Source: Florida CHARTS (u) = Unstable rate (based on fewer than 5 events). When the rates are based on only a few cases or deaths, it is almost impossible to distinguish random fluctuation from true changes in the underlying risk of disease or injury. Therefore comparisons over time or between communities that are based on unstable rates can lead to erroneous conclusions about differences in risk which may or may not be valid. Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.						
<b>Most favorable situation</b>		<b>Average</b>		<b>Least Favorable</b>		
1 (25% of counties)		2-3 (50% of counties)		4 (25% of counties)		

Causes of Unintentional Fatal Injuries in children and adolescents are found below:  
Ages 0 – 1 are more likely to die from suffocation  
Ages 1-4 are more like to die from drowning  
Ages 15-19 are more likely to die in a motor vehicle crash

**Chart 78 Unintentional Fatal Injuries, By Mechanism and Age Group 2013**

\*Please see Appendix for updated data

Mechanism	<1	1-4	5-14	15-19	Total Count
Motor Vehicle Total*	2	0	2	9	13
Suffocation	7	1	0	0	8
Drowning,submersion	0	3	1	0	4
Firearm	0	1	1	0	2
Poisoning	0	0	0	1	1
Fall	0	0	1	0	1
Transport, Other	0	0	1	0	1
Pedalcyclist, Other	0	0	0	1	1
Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database, 2013. *Motor Vehicle Total includes deaths of motorcyclists, vehicle occupants, pedalcyclists and/or pedestrians. Case Definition: Fatalities with an external cause of injury listed as the underlying cause of death ICD-10 V01-Y36, Y85-Y87, Y89 Prepared By: FL Department of Health, Office of Injury Prevention, 4052 Bald Cypress Way, Bin C15, Tallahassee, FL 32399, (850) 245-4440 x2729					

# Section IV: Resources



# Strategic Alignment

Members of the Community Health Assessment team identified organizations and entities in the county that are addressing some of the key themes. **This listing is not intended to be comprehensive but to start a conversation regarding resources in Polk County that are already addressing key issues.** These organizations would need to be engaged in developing improvement plans for any of these key areas.

Does your organization work on one of these key issues?

Would your organization like to collaborate on one of these key issues?

Key Themes	Organizations Strategically Aligned
Weight	Polk Vision's Building a Healthier Polk, Lakeland Regional Health (LRH), Central Florida Health Care, Transportation Planning Organization, Low Income Pool (LIP) Grant partners (LRH, Florida Department of Health-Polk (DOH-Polk), Lakeland Volunteers in Medicine and Peace River Center), Lakeside Pediatrics, Polk Wellness Professionals, UF/IFAS Extension Office
Mental Health	LIP referrals to Peace River; DOH-Polk referrals to Peace River; LRH assessment; Central Florida Health Care; Indigent Health Care; Behavioral Health Court; Hope Now; VISTE; Lakeland Volunteers in Medicine; Talbot House; Polk County School Board; Salvation Army; Tri-County Human Services
Substance Abuse	Tri-County Human Services, RASU Center for Women, Healthy Start Coalition of Highlands, Hardee and Polk Counties, InnerAct Alliance, HOPE Now
Chronic Disease	LRH, DOH-Polk, Lakeland Volunteers in Medicine
Crime/Safety	Department of Transportation, Injury Prevention Coalition, Transportation Planning Organization, Polk County Sheriff's Office
Transportation	Transportation Planning Organization, Polk Health Care Plan, Citrus Connection
Sexually Transmitted Diseases	DOH-Polk, LRH, Teen Pregnancy Prevention Alliance
Health Disparities	Healthy Start Coalition of Highlands, Hardee and Polk Counties, LRH, DOH-Polk
Access to Care	Polk Health Care Plan, local volunteer clinics(including Lakeland Volunteers in Medicine, Talbot House, Parkview Outreach Community Center, Haley Center, Angels Care and Lake Wales Free Clinic), Central Florida Health Care, Lakeland Regional Health Family Health Center, United Way, DOH-Polk

If so, please contact [polkassessments@flhealth.gov](mailto:polkassessments@flhealth.gov) to be added to this resource list.

## Next Steps: Community Health Improvement Plan

Using this assessment, a committee will be formed to work on the development, implementation and evaluation of a community health improvement plan to address identified health issues. Sheriff

## Results

Previous MAPP assessments have resulted in a Low Income Pool grant funding stream for Polk (2008) and Polk Vision's *Building a Healthier Polk* Initiative (2012).



# Data Sources

Listed are the website addresses for the sources of information and data that are listed in this report. If you are viewing the report online, there are hyperlinks to the sites.

To view detailed reports utilized for this document, go to “Community Health Planning and Statistics” under the Programs and Services tab on the Florida Department of Health in Polk County website [www.mypolkhealth.com](http://www.mypolkhealth.com)

## **Agency for Healthcare Research and Quality**

<http://www.ahrq.gov/>

## **American FactFinder (U.S. Census Bureau)**

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

## **Centers for Disease Control**

<http://www.cdc.gov/>

## **County Health Rankings**

<http://www.countyhealthrankings.org/florida>

## **Florida Department of Health CHARTS**

<http://www.floridacharts.com/charts/chart.aspx>

## **Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.**

<http://ahca.myflorida.com/>

## **Florida Department of Health, Division of Disease Control**

<http://www.floridahealth.gov/diseases-and-conditions/index.html>

## **Florida Department of Health, Office of Injury Prevention**

<http://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/index.html>

## **Florida Department of Health, Office of Minority Health**

<http://www.floridahealth.gov/programs-and-services/minority-health/>

## **Florida Department of Health, Office of Vital Statistics.**

<http://www.floridahealth.gov/certificates/index.html>

## **Florida PRISM (Patient Reporting Investigating Surveillance Manager)**

<http://ww10.doh.state.fl.us/pub/bstd/>

## **2014 Florida Youth Substance Abuse Survey**

<http://www.dcf.state.fl.us/programs/samh/publications/fysas/2014Survey/Counties/Polk.pdf>

## **2014 Physicians Workforce Annual Report**

[http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/\\_images/PhysicianWorkforce2014.pdf](http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/_images/PhysicianWorkforce2014.pdf)

## **Healthy People 2020**

<http://www.healthypeople.gov/2020/topicsobjectives2020/>

## **Medical Examiner’s Office**

<https://www.fdle.state.fl.us/Content/Medical-Examiners-Commission/MEC-Home-Page.aspx>

## *Data Sources*

**Mobilizing for Action Through Planning and Partnerships (MAPP)**

<http://www.naccho.org/topics/infrastructure/mapp/>

[National Association of County and City Health Officials.](#)

**Office of Disease Prevention and Health Promotion**

<http://health.gov>

**Polk County Indigent Health Fund 2014 Annual Report, February 20, 2015**

<http://www.polk-county.net/boccsite/Your-Government/Citizens-Healthcare-Oversight-Committee/>

**Robert Wood Johnson Foundation**

<http://www.rwjf.org/>

**Substance Abuse and Mental Health Services Administration**

<http://www.samhsa.gov>

**US Census Bureau 2013 American Community Survey**

<http://www.census.gov/acs/www/#>

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# Appendix A: Access to Care Update

2015 CHA data

Most current data

Chart 13 & 14

Health Resource Availability				
Indicators	County			State
	Data Year	County Number	Rate Per 100,000	Rate Per 100,000
<b>Providers*</b>				
Total Licensed Dentists (Fiscal Year)	2013	177	28.72	53.83
	2014	178	28.46	59.42
	2015	164	25.78	55.21
	2016	174	26.75	57.54
Total Licensed Physicians (Fiscal Year)	2013	1100	178.51	275.75
	2014	969	154.93	258.83
	2015	898	141.14	248.55
	2016	1112	170.93	315.48
Total Licensed Family Practice Physicians (Fiscal Year)	2013	125	20.29	25.47
	2014	85	13.59	19.05
	2015	54	8.49	14.26
	2016	53	8.15	14.29
Total Licensed Internists (Fiscal Year)	2013	228	37	51.76
	2014	213	34.06	49.52
	2015	213	33.48	49.49
	2016	209	32.13	48.65
Total Licensed OB/GYN (Fiscal Year)	2013	47	7.63	9.9
	2014	51	8.15	10.17
	2015	45	7.07	9.76
	2016	45	6.92	9.67

\*Please see Appendix for updated data

## Appendix A: Access to Care Update







County				State
Indicators	Data Year	County Number	Rate Per 100,000	Rate Per 100,000
Total Licensed Pediatricians (Fiscal Year)	2013	71	11.52	23.04
	2014	59	9.43	18.66
	2015	58	9.12	17.96
	2016	61	9.38	17.99
<b>Facilities</b>				
Total Hospital Beds	2013	1805	292.92	320.38
	2014	1805	288.6	316.76
	2015	1803	283.39	313.91
	2016	1803	277.15	312.43
Total Acute Care Beds	2013	1657	268.9	263.71
	2014	1657	264.93	259.89
	2015	1605	252.27	255.78
	2016	1605	246.71	254.44
Total Specialty Beds	2013	148	24.02	56.67
	2014	148	23.66	56.86
	2015	198	31.12	58.14
	2016	198	30.44	57.99
Total Nursing Home Beds	2013	3005	487.66	431.9
	2014	3005	480.46	426.02
	2015	3005	472.31	420.21
	2016	3005	461.92	413.28

**Source:** Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

\*Data for providers are for a fiscal year, not a calendar year

## Appendix A: Access to Care Update

Chart 15

Indicator	Year(s)	Quartile & Trend	Polk Percentage	State Percentage
<b>Access to Care</b>				
Adults who have a personal doctor	2013	 3	72.4%	73.2%
	2016	 3	74.6%	72%
Adults who could not see a doctor at least once in the past year due to cost	2013	 3	20.3%	20.8%
	2016	 2	16.3%	16.6%
Adults who had a medical checkup in the past year	2013	 2	72.4%	70.3%
	2016	 3	77.7%	76.5%

**Source:** Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

# Appendix B: Health Disparities Update

2015 CHA data

Most current data

Least favorable disparity

Chart 17

3-Year Age-Adjusted Death Rates	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Leading Causes of Death						
Heart Disease	Rate per 100,000 of population	2011-2013	130.2	122.5	70.2	125.4
		2012-2014	127.8	121.2	73.6	124.2
		2013-2015	131.2	118.9	78.7	121.7
		2014-2016	133.0	114.6	88.1	116.5
		2015-2017	125.6	106.8	79.9	109.4
Cancer	Rate per 100,000 of population	2011-2013	181.7	169.4	106.0	172.8
		2012-2014	170.6	170.5	109.9	173.6
		2013-2015	172.9	168.7	111.2	173.0
		2014-2016	167.5	166.4	114.2	169.8
		2015-2017	167.4	163.4	120.2	166.8
Stroke	Rate per 100,000 of population	2011-2013	53.2	33.7	29.6	35.9
		2012-2014	49.1	33.2	27.0	35.2
		2013-2015	48.4	35.1	27.5	36.9
		2014-2016	54.2	39.0	31.8	41.0
		2015-2017	66.4	43.1	37.3	46.0
Diabetes	Rate per 100,000 of population	2011-2013	46.5	18.5	23.5	21.0
		2012-2014	43.3	19.8	21.1	21.8
		2013-2015	44.0	19.6	23.3	21.3
		2014-2016	46.9	20.9	25.3	23.1
		2015-2017	49.2	22.2	24.9	24.8
Chronic Lower Respiratory Disease (CLRD)	Rate per 100,000 of population	2011-2013	34.7	51.2	22.3	51.4
		2012-2014	29.8	48.8	15.7	49.3
		2013-2015	26.9	49.4	14.3	49.3
		2014-2016	34.4	49.7	9.9	50.6
		2015-2017	37.6	54.6	15.3	55.3

Source: FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

Florida Department of Health, Bureau of Vital Statistics



## Appendix B: Health Disparities Update

Chart 19

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
<b>HIV/AIDS and STD Disparities</b>						
Reported AIDS cases	Rate per 100,000 of population	2011-2013	40.2	4.9	11.7	11.2
		2012-2014	36.8	4.2	10.2	10.2
		2013-2015	32.1	4.2	9.8	9.3
		2014-2016	34.0	3.9	7.5	9.3
Age-adjusted HIV/AIDS deaths	Rate per 100,000 of population	2011-2013	18.1	2.8	3.7	5.2
		2012-2014	16.3	2.9	3.0	5.4
		2013-2015	15.9	2.9	2.8	5.1
		2014-2016	14.1	2.5	2.3	4.5
		2015-2017	12.7	2.3	3.0	3.9
Reported HIV cases	Rate per 100,000 of population	2011-2013	48.9	7.5	16.9	14.8
		2012-2014	45.7	6.1	18.4	13.4
		2013-2015	50.7	6.1	17.9	14.3
		2014-2016	56.3	6.7	18.9	15.9
Reported Chlamydia Cases	Rate per 100,000 of population	2011-2013	1312.1	235.3	351.3	422.9
		2012-2014	1329.1	257.6	338.9	445.9
		2013-2015	1328.9	285.6	338.7	473.7
		2014-2016	1302.7	289.6	337.3	478.4
		2015-2017	1313.3	291.1	347.5	485.5
Reported gonorrhea cases	Rate per 100,000 of population	2011-2013	351.5	31.9	36.4	87.8
		2012-2014	392.6	36.2	38.5	99.9
		2013-2015	449.5	53.8	42.5	126.4
		2014-2016	483.8	69.3	54.3	146.9
		2015-2017	522.2	82.7	59.9	165.9
Reported infectious syphilis cases	Rate per 100,000 of population	2011-2013	22.3	2.9	6.0	6.3
		2012-2014	21.2	3.5	5.8	6.7
		2013-2015	23.7	3.7	5.6	7.3
		2014-2016	25.4	4.0	7.2	7.9
		2015-2017	20.1	3.8	7.9	6.8

Source: FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

Florida Department of Health, Bureau of Communicable Diseases

## Appendix B: Health Disparities Update

Chart 20

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Maternal and Child Health Disparities						
Births						
Total births in Polk County	Count	2013	7253			
		2014	7608			
		2015	7483			
		2016	7805			
		2017	7846			
Total births in Polk County by race/ethnicity	Rate	2011-2013	15.2	11.2	16.3	10.9
		2012-2014	15.2	11.3	16.1	11.0
		2013-2015	15.0	11.3	15.9	10.9
		2014-2016	15.1	11.4	16.0	11.0
		2015-2017	15.0	11.2	15.8	10.8
Births to mothers ages 15-19	Percent of total births	2011-2013	44.2	38.3	47.8	35.8
		2012-2014	41.5	36.1	44.5	34.0
		2013-2015	38.0	33.4	40.6	31.3
		2014-2016	35.6	29.6	34.1	28.9
		2015-2017	33.8	26.4	30.7	26.3
Preterm births (<37 weeks gestation)	Percent of total births	2011-2013	12.4	9.0	8.3	12.7
		2012-2014	12.7	9.1	8.3	12.9
		2013-2015	12.3	8.9	8.6	12.5
		2014-2016	12.6	8.6	8.3	9.8
		2015-2017	12.4	8.8	8.4	9.9

## Appendix B: Health Disparities Update

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Live births to mothers who smoked during pregnancy	Percent of total births	2011-2013	6.0	10.2	2.8	11.4
		2012-2014	5.6	10.0	2.7	11.0
		2013-2015	4.6	9.4	2.9	10.1
		2014-2016	4.2	8.6	2.6	9.4
		2015-2017	3.8	7.7	2.3	8.3
Low Birth Weight						
Live births <1500 grams (Very Low Birth Weight)	Percent of total births	2011-2013	2.6	1.3	1.4	1.6
		2012-2014	2.8	1.3	1.5	1.6
		2013-2015	2.9	1.2	1.4	1.6
		2014-2016	3.3	1.2	1.2	1.8
		2015-2017	3.1	1.1	1.1	1.7
Live births <2500 grams (Low Birth Weight)	Percent of total births	2011-2013	11.4	7.4	7.3	8.5
		2012-2014	12.1	7.6	7.2	8.9
		2013-2015	12.7	7.2	7.3	8.8
		2014-2016	13.2	6.9	7.0	8.7
		2015-2017	13.2	6.9	7.3	8.6
Prenatal Care						
Births to mothers with 1 <sup>st</sup> trimester prenatal care	Percent of births with known PNC status	2011-2013	66.4	75.2	71.0	74.3
		2012-2014	66.6	75.6	71.4	74.5
		2013-2015	66.7	75.8	71.2	74.8
		2014-2016	66.1	76.1	71.6	74.9
		2015-2017	65.7	75.2	70.6	74.1

## Appendix B: Health Disparities Update

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Births to mothers with no prenatal care	Percent of births with known PNC status	2011-2013	2.2	1.3	1.3	1.6
		2012-2014	2.4	1.5	1.3	1.7
		2013-2015	3.0	1.6	1.3	2.0
		2014-2016	3.4	1.8	1.7	2.3
		2015-2017	3.8	2.1	2.1	2.6

**Source:** FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

Florida Department of Health, Bureau of Communicable Diseases

## Appendix B: Health Disparities Update

Chart 21

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
<b>Preventable Injury Disparities</b>						
Unintentional drowning deaths	Rate per 100,000 of population	2011-2013	1.8	1.1	0.9	1.2
		2012-2014	1.7	1.4	0.9	1.4
		2013-2015	1.7	2.2	0.9	2.3
		2014-2016	1.7	2.2	1.0	2.4
		2015-2017	2.4	2.3	1.0	2.7
Unintentional falls deaths	Rate per 100,000 of population	2011-2013	5.4	6.9	3.9	6.8
		2012-2014	5.5	7.6	6.2	7.2
		2013-2015	5.0	6.9	4.7	6.6
		2014-2016	5.4	6.9	5.6	6.9
		2015-2017	5.0	6.8	7.3	6.6
Motor vehicle crashes deaths	Rate per 100,000 of population	2011-2013	13.0	15.8	16.9	14.6
		2012-2014	14.3	16.9	17.2	15.5
		2013-2015	14.6	17.4	13.9	17.2
		2014-2016	17.9	19.8	18.0	19.7
		2015-2017	16.9	19.4	17.7	19.9
Firearms-related deaths	Rate per 100,000 of population	2011-2013	13.4	9.5	6.8	10.7
		2012-2014	12.2	8.5	7.6	9.9
		2013-2015	11.4	9.8	7.8	11.0
		2014-2016	11.9	10.2	9.0	11.5
		2015-2017	10.4	11.7	9.8	11.8
Age-adjusted Drug Poisonings Death Rate	Rate per 100,000 of population	2011-2013	8.8	16.4	3.8	16.7
		2012-2014	7.5	15.4	6.1	15.3
		2013-2015	6.7	15.5	7.0	14.9
		2014-2016	10.8	17.3	7.8	17.2
		2015-2017	15.7	19.0	8.8	19.9
Suicide	Rate per 100,000 of population	2011-2013	2.6	14.4	7.1	13.2
		2012-2014	1.6	14.0	8.8	12.7
		2013-2015	2.3	15.6	8.9	14.1
		2014-2016	2.1	15.3	10.0	13.8
		2015-2017	4.4	15.6	8.7	14.7
Homicide	Rate per 100,000 of population	2011-2013	15.7	4.2	5.2	6.2
		2012-2014	14.9	3.5	3.9	5.9
		2013-2015	12.2	2.8	3.0	5.1
		2014-2016	11.7	4.1	4.6	6.0
		2015-2017	8.9	4.2	5.0	5.2

Source: FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

Florida Department of Health, Bureau of Vital Statistics

## Appendix B: Health Disparities Update

Chart 22

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Chronic Disease Disparities						
Diabetes						
Age-adjusted diabetes death rate	Rate per 100,000 of population	2011-2013	46.5	18.5	23.5	21.0
		2012-2014	43.3	19.8	21.1	21.8
		2013-2015	44.0	19.6	23.3	21.3
		2014-2016	46.9	20.9	25.3	23.1
		2015-2017	49.2	22.2	24.9	24.8
Age-adjusted hospitalizations from or with diabetes	Rate per 100,000 of population	2011-2013	4985.7	2465.3	3538.8	2944.9
		2012-2014	4941.8	2576.4	3574.8	2994.2
		2013-2015	4945.8	2719.1	3658.9	3067.4
		2014-2016	5033.6	2864.2	3717.9	3152.2
		2015-2017	5149.1	2947.2	3801.4	3246.9
Emergency Room visits due to diabetes	Rate per 100,000 of population	2011-2013	528.1	168.9	251.9	253.9
		2012-2014	530.5	197.5	264.0	272.5
		2013-2015	582.0	234.2	286.9	304.5
		2014-2016	649.6	286.3	325.3	350.5
		2015-2017	728.1	331.8	391.3	396.2
Adults who have ever been told they had diabetes	Percent of total population	2013	12.4	18.8	8.9	18.8
		2016	9.3	16.4	13.4	16.4
Asthma						
Age-adjusted hospitalizations from or with asthma	Rate per 100,000 of population	2011-2013	1448.3	849.1	1112.9	1062.5
		2012-2014	1431.7	856.4	1076.4	1043.3
		2013-2015	1495.0	936.2	1142.1	1092.1
		2014-2016	1599.2	1041.9	1231.2	1169.7
		2015-2017	1636.7	1062.8	1262.5	1193.7
Emergency room visits due to asthma	Rate per 100,000 of population	2011-2013	1539.5	405.5	936.7	653.3
		2012-2014	1668.5	469.7	1043.4	699.8
		2013-2015	1647.8	513.4	1080.9	689.5
		2014-2016	1606.9	562.8	1093.3	674.9
		2015-2017	1538.5	543.6	1043.8	642.0
Stroke						
Age-adjusted stroke death rate	Rate per 100,000 of population	2011-2013	53.2	33.7	29.6	35.9
		2012-2014	49.1	33.2	27.0	35.2
		2013-2015	48.4	35.1	27.5	36.9
		2014-2016	54.2	39.0	31.8	41.0
		2015-2017	66.4	43.1	37.3	46.0
Age-adjusted hospitalizations from stroke	Rate per 100,000 of population	2011-2013	449.2	258.9	256.5	298.7
		2012-2014	454.5	266.3	257.1	304.6
		2013-2015	445.4	263.0	265.4	298.8
		2014-2016	441.9	267.6	285.5	296.9
		2015-2017	425.6	239.2	266.1	272.6

\*Please see Appendix for updated data

## Appendix B: Health Disparities Update

Source for Chart 22: FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

Chart 23

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Self-Reported Weight Indicator Disparities						
Adults who are obese	Percent of total population	2013	29.0	38.0	36.1	38.0
		2016	47.1	38.5	37.0	38.5
Adults who are overweight	Percent of total population	2013	28.5	34.8	40.5	34.8
		2016	22.7	29.6	40.7	29.6
Adults who meet muscle strengthening recommendations	Percent of total population	2016	35.5	33.9	29.4	33.9
Adults who meet aerobic recommendations	Percent of total population	2013	48.7	43.9	36.4	43.9
		2016	34.8	48.3	25.2	33.9

Source: FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

## Appendix B: Health Disparities Update

Chart 24

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Self-Reported Modifiable Behaviors Disparities						
Adults who are current smokers	Percent of total population	2013	14.7	16.6	7.6	16.6
		2016	19.3	17.4	7.0	17.4
Measurement	Rate Type	Year(s)	Non-Hispanic Black Rate	Non-Hispanic White Rate	Hispanic Rate	
Self-Reported Modifiable Behaviors Disparities						
Adults who engage in heavy or binge drinking	Percent of total population	2013	3.7	16.1	16.5	
		2016	11.6	11.2	14.5	

**Source:** Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017



## Appendix B: Health Disparities Update

Chart 25

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Cancer Disparities						
Age-adjusted cancer death rate	Rate per 100,000 of population	2011-2013	181.7	169.4	106.0	172.8
		2012-2014	170.6	170.5	109.9	173.6
		2013-2015	172.9	168.7	111.2	173.0
		2014-2016	167.5	166.4	114.2	169.8
		2015-2017	167.4	163.4	120.2	166.8
Cancer cases at advanced stage when diagnosed	Percent of total population	2011-2013	50.0	47.6	49.7	47.6
		2012-2014	50.5	48.0	51.7	47.9
		2013-2015	49.0	47.8	50.0	47.6
Lung Cancer						
Age-adjusted death rate	Rate per 100,000 of population	2011-2013	46.5	49.0	13.4	50.6
		2012-2014	40.4	48.5	17.9	49.5
		2013-2015	45.3	48.4	18.8	50.0
		2014-2016	41.7	47.6	18.6	49.1
		2015-2017	37.8	45.8	16.2	47.2
Age-adjusted incidence rate	Rate per 100,000 of population	2011-2013	57.5	73.3	19.1	75.1
		2012-2014	52.5	71.1	25.0	72.5
		2013-2015	51.9	69.8	25.1	71.0
Colorectal cancer						
Age-adjusted death rate	Rate per 100,000 of population	2011-2013	17.4	14.9	10.8	15.2
		2012-2014	18.7	14.3	10.5	14.9
		2013-2015	20.7	13.8	10.3	15.0
		2014-2016	18.8	12.4	11.0	13.5
		2015-2017	19.0	13.6	13.4	14.5
Age-adjusted incidence rate	Rate per 100,000 of population	2011-2013	47.9	39.7	30.4	40.9
		2012-2014	50.1	40.3	28.7	42.4
		2013-2015	47.8	41.8	29.4	44.5
Breast Cancer						
Age-adjusted death rate	Rate per 100,000 of population	2011-2013	24.6	18.4	12.5	19.8
		2012-2014	21.6	20.1	13.1	21.3
		2013-2015	22.5	20.5	13.3	21.5
		2014-2016	19.8	22.0	18.8	21.7
		2015-2017	23.8	20.1	19.9	20.1
Age-adjusted incidence rate	Rate per 100,000 of population	2011-2013	107.2	123.3	66.6	128.2
		2012-2014	104.6	121.2	75.6	126.8
		2013-2015	121.0	129.1	95.2	133.9

## Appendix B: Health Disparities Update

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Prostate Cancer						
Age-adjusted death rate	Rate per 100,000 of population	2011-2013	47.4	15.9	11.2	17.9
		2012-2014	45.4	16.6	7.5	18.8
		2013-2015	39.6	15.3	10.3	17.2
		2014-2016	41.9	14.9	11.9	16.7
		2015-2017	35.6	14.6	14.6	16.0
Age-adjusted incidence rate	Rate per 100,000 of population	2011-2013	161.3	109.8	66.6	119.1
		2012-2014	171.9	97.6	60.3	109.8
		2013-2015	164.4	93.4	55.0	106.1
Cervical Cancer						
Age-adjusted death rate	Rate per 100,000 of population	2011-2013	3.8	3.7	--	--
		2012-2014	3.9	3.6	--	--
		2013-2015	5.2	3.7	--	--
		2014-2016	3.3	3.3	--	--
		2015-2017	4.2	3.6	--	--
Age-adjusted incidence rate	Rate per 100,000 of population	2011-2013	8.5	10.5	5.2	10.8
		2012-2014	10.9	10.2	4.5	11.4
		2013-2015	9.3	11.0	6.0	11.7

Source: FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

## Appendix B: Health Disparities Update

Chart 26

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Access Disparities						
Access to Care						
Adults who have a personal doctor	Percent of total population	2013	79.2	76.9	49.3	76.9
		2016	76.5	80.9	54.8	80.9
Adults who have any type of healthcare coverage	Percent of total population	2013	68.6	84.2	58.9	
		2016	79.4	89.9	70.3	
Adults who had a medical checkup in the past year	Percent of total population	2013	78.9	71.8	69.6	71.8
		2016	85.8	77.7	76.5	77.7
Preventative Care						
Adults 50 and over who have ever had a colonoscopy or sigmoidoscopy in the past 5 years	Percent of total population	2013	--	57.2	--	73.6
		2016	--	52.9	48.9	52.9
Women aged 40-74 who received a mammogram in the past year	Percent of total population	2013	--	60.3	--	60.3
		2016	--	68.5	--	68.5
Women over 18 who have received a Pap test in the past year	Percent of total population	2013	--	44.1	--	44.1
		2016	--	48.6	68.8	48.6

**Source:** Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

## Appendix B: Health Disparities Update

Chart 28

Measurement	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
<b>Social Determinants</b>						
<b>Sociodemographic Characteristics</b>						
Individuals below poverty level	Percent of total population	2009-2013	29.8	15.8	26.5	13.2
		2010-2014	29.9	15.9	26.9	13.3
		2011-2015	29.3	15.9	26.5	13.2
		2012-2016	29.5	15.1	24.5	12.6
Civilian labor force that is unemployed	Percent of total population	2009-2013	19.5	11.2	11.2	11.4
		2010-2014	18.1	10.7	10.8	10.9
		2011-2015	16.5	9.5	10.5	9.4
		2012-2016	15.9	8.2	9.0	8.3
Owner-occupied housing units	Percent of total population	2009-2013	50.3	73.9	55.6	76.6
		2010-2014	48.6	73.1	54.6	75.9
		2011-2015	49.1	72.3	53.2	75.2
		2012-2016	47.6	71.6	52.5	74.6
Individuals 25 and over with no high school diploma	Percent of total population	2009-2013	23.1	16.4	35.3	13.2
		2010-2014	21.7	15.7	33.0	12.7
		2011-2015	21.3	15.2	32.6	11.9
		2012-2016	21.1	14.8	29.9	11.8

**Source:** FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

# Appendix C: Major Causes of Death Update

2015 CHA data

Most current data

<b>Polk County 2013</b>	<b>2011-13 3-Year Age-Adjusted Death Rate Per 100,000</b>
Heart Disease	175.8
Cancer	167.1
Chronic Lower Respiratory Disease	49.4
Unintentional Injury	44.1
Stroke	35.5
<b>Polk County 2014</b>	<b>2012-14 3-Year Age-Adjusted Death Rate Per 100,000</b>
Heart Disease	178.0
Cancer	167.7
Chronic Lower Respiratory Disease	46.9
Unintentional Injury	44.6
Stroke	34.7
<b>Polk County 2015</b>	<b>2013-15 3-Year Age-Adjusted Death Rate Per 100,000</b>
Heart Disease	179.8
Cancer	166.9
Chronic Lower Respiratory Disease	46.8
Unintentional Injury	44.2
Stroke	36.2
<b>Polk County 2016</b>	<b>2014-16 3-Year Age-Adjusted Death Rate Per 100,000</b>
Heart Disease	175.8
Cancer	164.4
Unintentional Injury	48.6
Chronic Lower Respiratory Disease	47.5
Stroke	40.2
<b>Polk County 2017</b>	<b>2015-17 3-Year Age-Adjusted Death Rate Per 100,000</b>
Heart Disease	170.9
Cancer	161.8
Chronic Lower Respiratory Disease	52.1
Unintentional Injury	51.2
Stroke	45.1

Source: FL Health CHARTS Leading Causes of Death, Polk County, 2013-2017

# Appendix D: Chronic Disease Update

2015 CHA data

Most current data

Chart 30

Indicator	Year(s)	Polk Number	Polk Age-Adjusted Rate	Quartile & Trend	State Age-Adjusted Rate	Healthy People 2020 Goal
Coronary Heart Disease						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	3,026	121.9	<div><div></div>3</div>	102.9	100.8
	2012-2014	3,086	120.6	<div><div></div>3</div>	100.3	
	2013-2015	3,120	118.6	<div><div></div>3</div>	98.3	
	2014-2016	3,091	114.3	<div><div></div>3</div>	97.0	
	2015-2017	2,967	106.9	<div><div></div>3</div>	95.2	
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	2010-2012	10,292	440.8	<div><div></div>3</div>	354.6	
	2011-2013	9,584	404.8	<div><div></div>3</div>	332.3	
	2012-2014	9,205	380.4	<div><div></div>3</div>	314.8	
	2013-2015	8,631	529.0	<div><div></div>3</div>	430.9	
	2014-2016	7,035	1,161.7	<div><div></div>3</div>	939.3	
	2015-2017	10,008	385.6	<div><div></div>3</div>	293.6	
Stroke						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	871	35.5	<div><div></div>3</div>	31.4	33.8
	2012-2014	872	34.7	<div><div></div>3</div>	31.9	
	2013-2015	937	36.2	<div><div></div>3</div>	34.3	
	2014-2016	1,075	40.2	<div><div></div>3</div>	36.7	
	2015-2017	1,257	45.1	<div><div></div>3</div>	38.7	
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	2010-2012	7,240	306.3	<div><div></div>3</div>	267.6	
	2011-2013	7,162	298.5	<div><div></div>3</div>	263.6	
	2012-2014	7,448	303.8	<div><div></div>3</div>	257.6	
	2013-2015	7,469	297.8	<div><div></div>3</div>	252.6	
	2014-2016	7,706	300.1	<div><div></div>3</div>	252.6	
	2015-2017	7,155	271.5	<div><div></div>3</div>	234.3	
Heart Failure						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	296	12.0	<div><div></div>3</div>	9.7	
	2012-2014	317	12.5	<div><div></div>3</div>	10.5	
	2013-2015	334	12.7	<div><div></div>3</div>	11.3	
	2014-2016	382	14.0	<div><div></div>3</div>	11.9	
	2015-2017	435	15.3	<div><div></div>3</div>	12.1	
Hospitalizations: Age-adjusted congestive heart failure hospitalization rate per 100,000 total population	2010-2012	7,690	327.2	<div><div></div>3</div>	255.4	
	2011-2013	7,688	322.5	<div><div></div>3</div>	243.8	
	2012-2014	8,094	330.7	<div><div></div>3</div>	238.8	
	2013-2015	8,490	338.8	<div><div></div>3</div>	240.1	
	2014-2016	8,202	319.5	<div><div></div>4</div>	228.2	
	2015-2017	5,579	213.6	<div><div></div>3</div>	157.9	

\*Please see Appendix for updated data

## Appendix D: Chronic Disease Update

Indicator	Year(s)	Polk Number	Polk Age-Adjusted Rate	Quartile & Trend	State Age-Adjusted Rate	Healthy People 2020 Goal
Chronic Lower Respiratory Diseases (CLRD)						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	1,240	49.4	<div><div>2</div></div>	39.8	50.1
	2012-2014	1,213	46.9	<div><div>2</div></div>	39.7	
	2013-2015	1,246	46.8	<div><div>2</div></div>	39.8	
	2014-2016	1,305	47.5	<div><div>2</div></div>	39.3	
	2015-2017	1,475	52.1	<div><div>3</div></div>	39.6	
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	2010-2012	13,614	619.0	<div><div>4</div></div>	369.0	
	2011-2013	13,251	592.6	<div><div>4</div></div>	363.9	
	2012-2014	13,056	571.8	<div><div>4</div></div>	355.8	
	2013-2015	13,056	558.9	<div><div>4</div></div>	347.9	
	2014-2016	13,240	556.8	<div><div>4</div></div>	347.4	
	2015-2017	13,970	574.6	<div><div>4</div></div>	353.2	
Asthma						
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	2010-2012	20,958	1,075.9	<div><div>4</div></div>	779.5	
	2011-2013	20,589	1,048.4	<div><div>4</div></div>	788.2	
	2012-2014	20,508	1,027.0	<div><div>4</div></div>	803.5	
	2013-2015	22,047	1,077.4	<div><div>4</div></div>	825.5	
	2014-2016	24,192	1,154.9	<div><div>4</div></div>	835.8	
	2015-2017	25,098	1,176.9	<div><div>4</div></div>	807.8	
Diabetes						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	498	20.9	<div><div>2</div></div>	19.7	65.8
	2012-2014	533	21.6	<div><div>2</div></div>	19.6	
	2013-2015	548	21.5	<div><div>2</div></div>	19.4	
	2014-2016	593	23.0	<div><div>2</div></div>	19.6	
	2015-2017	646	24.4	<div><div>2</div></div>	20.0	
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	2010-2012	67,410	2,967.5	<div><div>4</div></div>	2,300.9	
	2011-2013	68,473	2,982.8	<div><div>4</div></div>	2,301.9	
	2012-2014	71,122	3,035.5	<div><div>4</div></div>	2,302.3	
	2013-2015	74,307	3,111.2	<div><div>4</div></div>	2,317.1	
	2014-2016	77,891	3,191.7	<div><div>4</div></div>	2,338.4	
	2015-2017	82,013	3,279.6	<div><div>4</div></div>	2,345.2	

Source: FL Health CHARTS County Chronic Disease Profiles, Polk County, 2011-2017

## Appendix D: Chronic Disease Update

Chart 31

Indicator	Year(s)	Polk Number	Polk Age-Adjusted Rate	Quartile & Trend	State Age-Adjusted Rate	Healthy People 2020 Goal
Lung Cancer						
Deaths: Age-adjusted death rate per 100,000 population	2011-2013	1,208	47.9	<div><div></div>2</div>	44.9	45.5
	2012-2014	1,219	46.9	<div><div></div>2</div>	43.4	
	2013-2015	1,266	47.3	<div><div></div>2</div>	42.1	
	2014-2016	1,277	46.4	<div><div></div>2</div>	40.0	
	2015-2017	1,255	44.4	<div><div></div>2</div>	38.6	
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	2009-2011	1,900	76.4	<div><div></div>3</div>	63.4	
	2010-2012	1,850	73.5	<div><div></div>3</div>	62.6	
	2011-2013	1,796	69.8	<div><div></div>2</div>	61.7	
	2012-2014	1,773	68.0	<div><div></div>2</div>	61.0	
	2013-2015	1,782	66.8	<div><div></div>2</div>	58.9	
Colorectal Cancer						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	358	14.7	<div><div></div>2</div>	14.1	14.5
	2012-2014	362	14.5	<div><div></div>2</div>	13.8	
	2013-2015	369	14.5	<div><div></div>3</div>	13.6	
	2014-2016	340	13.2	<div><div></div>2</div>	13.5	
	2015-2017	377	14.2	<div><div></div>2</div>	13.5	
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	2009-2011	1,023	43.2	<div><div></div>4</div>	38.0	
	2010-2012	965	40.2	<div><div></div>4</div>	37.2	
	2011-2013	966	39.8	<div><div></div>3</div>	37.3	
	2012-2014	998	41.0	<div><div></div>4</div>	36.9	
	2013-2015	1,047	42.5	<div><div></div>4</div>	36.6	
Breast Cancer						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	242	19.1	<div><div></div>2</div>	20.4	20.6
	2012-2014	263	20.4	<div><div></div>2</div>	20.1	
	2013-2015	269	20.7	<div><div></div>3</div>	19.7	
	2014-2016	277	21.7	<div><div></div>3</div>	19.6	
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	2009-2011	1,315	110.8	<div><div></div>2</div>	113.7	
	2010-2012	1,389	115.7	<div><div></div>3</div>	114.4	
	2011-2013	1,482	121.6	<div><div></div>3</div>	116.1	
	2012-2014	1,498	121.3	<div><div></div>3</div>	117.3	



























## Appendix D: Chronic Disease Update

Indicator	Year(s)	Polk Number	Polk Age-Adjusted Rate	Quartile & Trend	State Age-Adjusted Rate	Healthy People 2020 Goal
Prostate Cancer						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	189	17.6	<div><div></div>2</div>	18.0	21.2
	2012-2014	205	18.2	<div><div></div>2</div>	17.5	
	2013-2015	198	16.8	<div><div></div>2</div>	17.3	
	2014-2016	202	16.6	<div><div></div>2</div>	16.9	
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	2009-2011	1,466	125.7	<div><div></div>4</div>	115.8	
	2010-2012	1,371	115.2	<div><div></div>4</div>	106.3	
	2011-2013	1,371	113.0	<div><div></div>4</div>	98.8	
	2012-2014	1,292	104.4	<div><div></div>4</div>	90.5	
Cervical Cancer						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	31	3.5	<div><div></div>3</div>	2.8	2.2
	2012-2014	33	3.6	<div><div></div>3</div>	2.9	
	2013-2015	37	3.7	<div><div></div>4</div>	2.7	
	2014-2016	32	3.2	<div><div></div>3</div>	2.6	
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	2009-2011	93	10.4	<div><div></div>3</div>	8.9	
	2010-2012	91	10.3	<div><div></div>3</div>	8.6	
	2011-2013	92	9.9	<div><div></div>3</div>	8.7	
	2012-2014	96	10.1	<div><div></div>3</div>	8.5	
Melanoma						
Deaths: Age-adjusted death rate per 100,000 total population	2011-2013	64	3.1	<div><div></div>2</div>	3.0	2.4
	2012-2014	65	2.9	<div><div></div>2</div>	2.9	
	2013-2015	67	2.8	<div><div></div>1</div>	2.8	
	2014-2016	71	2.9	<div><div></div>2</div>	2.6	
	2015-2017	74	2.9	<div><div></div>2</div>	2.4	
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	2009-2011	563	25.6	<div><div></div>4</div>	18.8	
	2010-2012	587	26.0	<div><div></div>3</div>	19.9	
	2011-2013	618	26.7	<div><div></div>3</div>	21.9	
	2012-2014	655	27.7	<div><div></div>3</div>	22.8	
	2013-2015	758	31.0	<div><div></div>4</div>	24.0	

Source: FL Health CHARTS County Chronic Disease Profiles, Polk County, 2011-2017

## Appendix D: Chronic Disease Update

Chart 32

Indicator	Year(s)	Polk	Quartile & Trend	State	Healthy People 2020 Goal
Adults who have ever been told they had hypertension	2013	41.6%	 3	34.6%	
Adults who have ever been told they had diabetes	2013	16.1%	 4	11.2%	
	2016	14.7%	 2	11.8%	
Adults who have ever been told they had high blood cholesterol	2013	34.6%	 2	33.4%	13.5%
Adults who had their cholesterol checked in the past five years	2013	79.4%	 2	79.5%	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	2013	59.4%	 2	55.3%	
	2016	52.4%	 3	53.9%	
Adults 50 years of age and older who received a stool blood test in the past year	2013	13.4%	 2	13.9%	
	2016	18.2%	 1	16%	
Women 18 years of age and older who received a Pap test in the past year	2013	51.4%	 2	51.4%	93%
	2016	55.1%	 1	48.4%	
Adults who are current smokers	2013	14.3%	 1	16.8%	12%
	2016	16%	 2	15.5%	
Adults who currently have asthma	2013	10.9%	 4	8.3%	
	2016	9.7%	 4	6.7%	
% middle school students reporting asthma	2012	21%	 3	20.1%	
% high school students reporting asthma	2012	24%	 4	20.8%	
Adults who are sedentary	2013	32.7%	 3	27.7%	
	2016	32.5%	 2	29.8%	
Adults who consumed five or more servings of fruits or vegetables per day	2013	13.8%	 4	18.3%	
Adults who are overweight	2013	34.6%	 2	36.4%	
	2016	30.8%	 1	35.8%	
Adults who are obese	2013	36.9%	 4	26.4%	30.6%
	2016	38.8%	 4	27.4%	










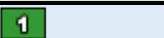







Source: FL Health CHARTS County Chronic Disease Profiles, Polk County, 2011-2016

# Appendix E: Weight Update

2015 CHA data

Most current data












Chart 35

Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
<b>Weight, Activity, and Eating Habits among Adults</b>					
Adults who are at a healthy weight	2013	Percent	27.5%		35.0%
	2016	Percent	28.4%		34.5%
Adults who are underweight	2013	Percent	1.1%		2.3%
	2016	Percent	1.9%		2.3%
Adults who are overweight or obese	2013	Percent	71.5%		62.8%
	2016	Percent	69.6%		63.2%
Adults who are overweight	2013	Percent	34.6%		36.4%
	2016	Percent	30.8%		35.8%
Adults who are obese	2013	Percent	36.9%		26.4%
	2016	Percent	38.8%		27.4%
Adults who meet aerobic recommendations	2013	Percent	44.4%		50.2%
	2016	Percent	41.5%		44.8%
Adults who meet muscle strengthening recommendations	2013	Percent	22.5%		29.6%
	2016	Percent	32.4%		38.2%
Adults who are sedentary	2013	Percent	32.7%		27.7%
	2016	Percent	32.5%		29.8%
Adults who consume at least 5 servings of fruits and vegetables a day	2013	Percent	13.8%		18.3%

Source: FL Health CHARTS Healthiest Weight Profiles, Polk County, 2012-2016

## Appendix E: Weight Update

Chart 36











Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
<b>Weight, Activity, and Eating Habits among Children and Teens</b>					
WIC children ≥2 who are overweight or obese	2013	Percent of WIC children ≥2	30.7%	 4	27.6%
	2014		29.7%	 3	26.7%
	2015		28.8%	 3	26.3%
	2016		28.8%	 3	26.4%
	2017		28.4%	 3	26.0%
Middle and high school students who are at a healthy weight	2014	Percent	63.5%	 3	67.6%
Middle and high school students who are underweight	2014	Percent	3.6%	 2	4.2%
Middle and high school students who are overweight or obese	2014	Percent	32.9%	 3	28.2%
Middle and high school students who are overweight	2014	Percent	17.1%	 3	15.8%
Middle and high school students who are obese	2014	Percent	15.8%	 3	12.4%
Middle and high school students who were physically active at least 60 minutes/day on all 7 of the past days	2014	Percent	22.4%	 4	22.9%

Source: FL Health CHARTS Healthiest Weight Profiles, Polk County, 2012-2017

FL Health CHARTS Pregnancy and young Child Profile, Polk County, 2013-2017

## Appendix E: Weight Update

Chart 37

Indicator	Year(s)	Rate Type	County Count	County Rate	County Quartile	State Rate
<b>Maternal Weight and Breastfeeding among Mothers</b>						
Live births to mothers who are at a healthy weight (BMI 18.5-24.9) at time pregnancy occurred	2013	Percent of live births	2,986	41.2%		44.4%
	2014	Percent of live births	3,096	40.7%		44.3%
	2015	Percent of live births	2,841	38.0%		43.8%
	2016	Percent of live births	2,889	37.0%		42.9%
	2017	Percent of live births	2,896	36.9%		41.6%
Live births to mothers who are overweight (BMI 25.0-29.9) at time pregnancy occurred	2013	Percent of live births	1,844	25.4%		24.1%
	2014	Percent of live births	1,942	25.5%		24.1%
	2015	Percent of live births	1,960	26.2%		24.5%
	2016	Percent of live births	2,083	26.7%		24.7%
	2017	Percent of live births	2,042	26.5%		26.5%
Live births to mothers who are obese (BMI ≥ 30) at the time pregnancy occurred	2013	Percent of live births	2,004	27.6%		21.0%
	2014	Percent of live births	2,160	28.4%		21.5%
	2015	Percent of live births	2,147	28.7%		21.9%
	2016	Percent of live births	2,350	30.1%		22.5%
	2017	Percent of live births	2,496	32.4%		25.0%
Live births to mothers who initiate breastfeeding	2013	Percent of live births	5,712	78.8%		82.5%
	2014	Percent of live births	6,102	80.2%		84.2%
	2015	Percent of live births	6,120	81.8%		85.2%
	2016	Percent of live births	6,502	83.3%		86.0%
	2017	Percent of live births	6,470	82.5%		86.0%

Source: FL Health CHARTS Healthiest Weight Profiles, Polk County, 2012-2017

## Appendix E: Weight Update

Chart 38

Indicator	Year(s)	Rate Type	County Rate	County Quartile	State Rate
<b>Built Environment</b>					
Population that live within a ½ mile of healthy food source	2013	Percent	20.3%	2	31.8%
	2016	Percent	16.6%	2	30.9%
Population that live within a ½ mile of a fast food restaurant	2013	Percent	18.9%	3	33.5%
	2016	Percent	18.6%	2	33.9%
Population that live within a ten minute walk (1/2 mile) of an off-street trail system	2013	Percent	13.1%	2	10.6%
	2016	Percent	13.5%	2	18.2%
Workers who used car, truck, or van - drove alone to work	2012 5-yr est.	Percent	81.0%	3	79.5%
	2013 5-yr est.	Percent	81.2%	3	79.5%
	2014 5-yr est.	Percent	81.4%	3	79.6%
	2015 5-yr est.	Percent	81.7%	3	79.6%
	2016 5-yr est.	Percent	81.8%	3	79.5%
Workers who used taxicab, motorcycle, bicycle, or other means to work	2012 5-yr est.	Percent	2.6%	1	2.2%
	2013 5-yr est.	Percent	2.1%	2	2.2%
	2014 5-yr est.	Percent	2.0%	2	2.2%
	2015 5-yr est.	Percent	2.2%	2	2.2%
	2016 5-yr est.	Percent	2.0%	2	2.2%
Workers who walk to work	2012 5-yr est.	Percent	1.2%	3	1.6%
	2013 5-yr est.	Percent	1.1%	3	1.6%
	2014 5-yr est.	Percent	1.3%	3	1.5%
	2015 5-yr est.	Percent	1.2%	3	1.5%
	2016 5-yr est.	Percent	1.1%	3	1.5%

Source: FL Health CHARTS Healthiest Weight Profiles, Polk County, 2012-2016

# Appendix F: Mental Health Update

2015 CHA data

Most current data

Chart 42

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Mental Health						
Hospitalizations for self-inflicted injuries per 100,000 pop. (3-yr. rate)						
12-18	Per 100,000	2010-2012		121	71.9	64.4
		2011-2013	3	131	78.0	76.7
		2012-2014	3	156	92.8	93.1
19-21	Per 100,000	2010-2012		76	111.0	85.8
		2011-2013		69	99.1	82.0
		2012-2014		64	90.5	78.9
Hospitalizations for eating disorders per 100,000 pop. (3-yr. rate)						
12-18	Per 100,000	2010-2012		23	13.7	17.5
		2011-2013		29	17.3	23.0
		2012-2014		31	18.5	29.0
19-21	Per 100,000	2010-2012		5	7.3	11.5
		2011-2013		5	7.2	12.6
		2012-2014		5	7.1	13.4
Suicide Deaths per 100,000 population (3-year rate)						
12-18	Per 100,000	2011-2013		11	6.5	4.5
		2012-2014		10	6.0	4.9
		2013-2015		12	7.1	4.8
		2014-2016	2	8	4.7	5.1
19-21	Per 100,000	2011-2013		7	10.1	10.5
		2012-2014		9	12.7	11.0
		2013-2015		9	12.6	11.3
		2014-2016		8	11.1	12.1
Percent of emotionally handicapped children in schools grades K-12						
K-12 Students	Percent	2013	1	411	0.4%	0.7%
		2014	1	410	0.4%	0.7%
		2015	1	376	0.4%	0.6%
Arrests, All Offenses by County, Youth Ages 10-17						
Youth ages 10-17	Per 100,000	2011-2013	4	11,789	6,120.4	3,274.9
		2012-2014	4	17,223	8,902.3	4,708.1
		2013-2015	4	16,145	8,273.4	4,320.1
		2014-2016	4	15,917	8,052.8	4,028.3

Source: FL Health CHARTS School-Aged Child and Adolescent Profile, 2012-2016

# Appendix G: Crime and Safety Update

2015 CHA data

Most current data

Chart 54

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Crime and Domestic Violence</b>						
Larceny	Per 100,000 of population	2011-2013		37,960	2,074.9	2,328.9
		2012-2014		36,413	1,968.5	2,240.4
		2013-2015		35,144	1,871.5	2,173.3
		2014-2016		34,065	1,781.4	2,099.8
		2015-2017		32,138	1,647.4	2,016.8
Burglary	Per 100,000 of population	2011-2013		16,782	917.3	805.6
		2012-2014		15,363	830.5	711.9
		2013-2015		13,237	704.9	627.0
		2014-2016		11,522	602.5	552.8
		2015-2017		9,469	485.4	490.9
Total Domestic Violence Offenses	Per 100,000 of population	2011-2013	4		823.9	571.3
		2012-2014	4		796.2	556.7
		2013-2015	4		789.6	548.7
		2014-2016	4		749.4	536.2
Aggravated Assault	Per 100,000 of population	2011-2013		5,125	280.1	332.9
		2012-2014		4,875	263.5	320.7
		2013-2015		4,865	259.1	316.3
		2014-2016		4,736	247.7	309.5
		2015-2017		4,568	234.2	298.9
Motor vehicle theft	Per 100,000 of population	2011-2013		2,567	140.3	194.8
		2012-2014		2,720	147.0	186.6
		2013-2015		2,999	159.7	189.7
		2014-2016		3,245	169.7	200.5
		2015-2017		3,244	166.3	208.5
Robbery	Per 100,000 of population	2011-2013		1,345	73.5	126.6
		2012-2014		1,238	66.9	118.3
		2013-2015		1,199	63.8	112.0
		2014-2016		1,153	60.3	105.2
		2015-2017		1,021	52.3	98.6
Forcible Sex Offenses	Per 100,000 of population	2011-2013		902	49.3	52.1
		2012-2014		845	45.7	52.1
		2013-2015		851	45.3	52.4
		2014-2016		881	46.1	52.7
		2015-2017		946	48.5	53.4
Criminal Homicide (Murder)	Per 100,000 of population	2011-2013	3		4.6	5.2
		2012-2014	3		4.1	5.1
		2013-2015	2		3.2	5.1
		2014-2016	2		3.5	5.2

\*Please see Appendix for updated data



## Appendix G: Crime and Safety Update

Source for Chart 54: Florida Department of Law Enforcement

Chart 55

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Homicide Deaths</b>						
Ages 5-11	Rate per 100,000 of population	2011-2013		0	0.0	0.6
		2012-2014		0	0.0	0.8
		2013-2015		1	0.6	0.9
		2014-2016		1	0.6	0.8
		2015-2017		1	0.6	0.7
Ages 12-18	Rate per 100,000 of population	2011-2013		5	3.0	4.4
		2012-2014		6	3.6	4.8
		2013-2015		5	3.0	4.9
		2014-2016		6	3.5	5.3
		2015-2017		5	2.9	5.4
Ages 19-21	Rate per 100,000 of population	2011-2013		9	12.9	13.3
		2012-2014		10	14.1	12.8
		2013-2015		9	12.6	13.1
		2014-2016		12	16.6	13.3
		2015-2017		9	12.4	13.7

Source: FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2013-2017

## Appendix G: Crime and Safety Update

Chart 56

Total Fatal Injuries by Intent and Age Group															
Intent	Years	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Homicide	2013	1	0	0	0	1	5	8	4	2	5	2	0	1	29
	2014	1	0	0	1	4	2	8	5	0	2	1	0	0	24
	2015	2	1	1	0	1	4	5	5	4	3	2	1	0	29
	2016	0	0	0	1	2	9	21	8	2	1	1	1	0	46
	2017	0	0	0	0	2	0	5	4	1	4	3	0	0	19
Other	2013	0	0	0	0	0	1	1	0	0	0	0	0	0	2
	2014	0	0	0	0	0	0	1	0	0	1	0	0	0	2
	2015	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	2016	0	0	0	0	1	0	0	0	1	0	0	0	0	2
	2017	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Suicide	2013	0	0	0	1	5	9	4	15	18	11	10	6	3	82
	2014	0	0	0	0	3	7	11	9	16	16	11	7	2	82
	2015	0	0	0	1	6	3	11	17	16	13	16	11	3	97
	2016	0	0	0	1	3	4	21	13	8	19	11	6	1	87
	2017	0	0	0	0	1	4	15	12	23	18	12	7	7	99
Undetermined	2013	0	0	0	0	0	0	0	1	0	0	1	0	0	2
	2014	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	2017	0	0	0	0	0	0	2	0	0	1	0	0	0	3
Unintentional	2013	9	5	1	5	11	18	36	25	43	46	26	37	36	298
	2014	6	5	1	3	7	19	39	25	44	42	22	33	54	300
	2015	10	9	3	0	7	18	37	42	36	33	23	41	32	291
	2016	9	4	9	3	10	29	58	37	66	54	29	39	51	398
	2017	12	6	3	1	11	18	47	43	53	50	42	42	40	368
Total	2013	10	5	1	6	17	33	49	45	63	62	39	43	40	413
	2014	7	5	1	4	14	28	59	39	60	61	34	40	56	408
	2015	12	10	4	1	14	25	53	64	56	49	42	53	35	418
	2016	9	4	9	5	16	42	101	58	77	74	41	46	52	534
	2017	12	6	3	1	14	22	70	59	77	73	57	49	47	490

Source: FL Health CHARTS Florida Department of Health, Bureau of Vital Statistics, 2013 - 2017

## Appendix G: Crime and Safety Update

Chart 58

Unintentional Fatal Injuries by Mechanism and Age Group															
Mechanism	Years	< 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Cut, Pierce	2013	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drowning, Submersion	2013	0	3	0	1	0	0	0	0	0	1	1	1	1	8
	2014	1	3	0	0	0	2	2	0	0	0	0	2	0	10
	2015	2	4	2	0	1	2	2	1	0	2	1	2	0	19
	2016	0	2	0	1	1	2	2	0	1	0	1	0	0	10
	2017	2	3	1	0	0	0	2	2	1	1	1	0	0	13
Fall	2013	0	0	1	0	0	0	1	0	3	2	5	24	21	57
	2014	0	0	0	0	0	0	1	0	3	2	2	19	39	66
	2015	0	0	0	0	1	0	0	0	0	2	3	19	23	48
	2016	0	0	0	0	0	0	0	1	1	5	6	21	33	67
	2017	0	0	0	0	0	0	0	2	1	3	12	23	26	67
Fire, Flame	2013	0	0	0	0	0	0	0	0	1	2	1	2	0	6
	2014	0	0	0	0	0	0	0	0	1	2	0	0	0	3
	2015	0	0	0	0	0	0	0	2	0	1	0	0	0	3
	2016	0	0	1	0	0	0	0	1	1	1	2	2	0	8
	2017	0	0	0	0	0	0	0	0	1	1	3	0	0	5
Firearm	2013	0	1	0	1	0	0	0	0	0	0	1	0	0	3
	2014	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	1	0	0	1	0	0	0	0	0	0	0	0	2
Hot Object, Substance	2013	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## Appendix G: Crime and Safety Update

Mechanism	Years	< 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
MV Traffic – Motorcyclist	2013	0	0	0	0	0	3	3	2	2	3	1	0	0	14
	2014	0	0	0	1	1	5	3	1	2	1	0	1	0	15
	2015	0	0	0	0	0	6	6	1	5	2	1	1	0	22
	2016	0	0	0	0	0	7	5	4	6	4	2	1	0	29
	2017	0	0	0	0	1	4	6	3	3	4	1	2	0	24
MV Traffic – Occupant	2013	1	0	0	0	0	1	2	2	1	2	0	0	0	9
	2014	0	0	1	0	0	1	1	2	1	3	0	1	0	10
	2015	0	1	0	0	1	1	2	3	1	3	1	0	0	13
	2016	0	1	4	0	3	9	16	9	8	6	2	4	4	66
	2017	0	0	0	0	6	7	13	7	10	11	7	8	7	76
MV Traffic – Other, Unspecified	2013	1	0	0	2	7	9	11	5	7	2	4	3	4	55
	2014	0	1	0	0	3	6	12	6	9	5	8	5	3	58
	2015	0	2	0	0	3	6	7	7	6	3	4	7	3	48
	2016	0	0	3	0	3	4	4	3	3	1	3	2	1	27
	2017	0	0	0	0	0	1	0	0	0	0	1	2	0	4
MV Traffic – Pedalcyclist	2013	0	0	0	0	0	1	1	0	0	2	0	1	0	5
	2014	0	0	0	0	0	0	2	0	0	0	0	0	0	2
	2015	0	0	0	0	0	0	0	1	0	1	0	0	0	2
	2016	0	0	0	0	0	0	1	1	1	1	0	0	0	4
	2017	0	0	0	0	0	0	0	0	0	0	1	0	0	1
MV Traffic - Pedestrian	2013	0	0	0	0	2	1	2	1	3	4	3	1	0	17
	2014	0	1	0	0	1	2	4	3	6	2	3	1	0	23
	2015	0	0	0	0	1	0	1	1	4	0	1	1	0	9
	2016	0	0	1	1	1	2	2	1	0	4	4	1	1	18
	2017	0	0	1	1	1	1	2	3	3	5	3	0	0	20
Machinery	2013	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Natural, Environmental	2013	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	2014	0	0	0	0	0	0	0	0	1	1	0	0	0	2
	2015	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Other Specified & Classifiable	2013	0	0	0	0	0	0	0	0	1	2	0	0	0	3
	2014	0	0	0	0	0	0	1	1	1	1	0	0	0	4
	2015	0	0	0	0	0	0	1	1	0	0	0	0	0	2
	2016	0	0	0	0	0	0	1	1	2	1	1	0	0	6
	2017	0	0	0	0	0	0	1	0	1	1	0	0	1	4

## Appendix G: Crime and Safety Update

Mechanism	Years	< 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Other Specified & NEC	2013	0	0	0	0	0	0	1	0	0	2	0	2	0	5
	2014	0	0	0	1	0	0	0	0	0	0	0	1	0	2
	2015	0	0	0	0	0	0	1	0	0	1	2	1	0	5
	2016	0	0	0	0	0	0	0	0	1	1	0	0	0	2
	2017	0	0	0	0	0	1	0	1	0	0	1	0	1	4
Overexertion	2013	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pedalcyclist, Other	2013	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	2014	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pedestrian, Other	2013	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2014	0	0	0	0	0	0	1	0	0	0	1	0	0	2
	2015	0	2	0	0	0	0	2	2	0	0	0	1	0	7
	2016	1	0	0	0	0	0	0	0	1	1	0	2	1	6
	2017	0	0	0	0	0	0	0	1	1	1	0	0	0	3
Poisoning	2013	0	0	0	0	1	3	15	14	21	23	6	0	0	83
	2014	0	0	0	0	2	1	10	12	19	22	3	0	3	72
	2015	0	0	0	0	0	1	15	20	18	13	4	0	0	71
	2016	0	0	0	1	2	4	27	16	38	26	6	1	0	121
	2017	0	0	1	0	2	3	21	23	31	23	5	1	0	110
Struck By, Against	2013	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	2014	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	2015	0	0	0	0	0	0	0	0	0	0	0	1	0	1
	2016	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suffocation	2013	7	1	0	0	0	0	0	0	1	0	0	2	3	14
	2014	5	0	0	0	0	0	0	0	0	2	4	1	7	19
	2015	8	0	1	0	0	1	0	1	0	0	3	2	1	17
	2016	8	0	0	0	0	0	0	0	0	2	0	3	3	16
	2017	10	2	0	0	0	0	0	1	1	0	4	2	3	23
Transport, Other	2013	0	0	0	1	0	0	0	0	0	1	2	0	0	4
	2014	0	0	0	0	0	2	1	0	1	0	0	0	0	4
	2015	0	0	0	0	0	1	0	0	0	2	1	1	0	5
	2016	0	0	0	0	0	1	0	0	3	0	0	0	0	4
	2017	0	0	0	0	0	1	1	0	0	0	1	0	0	3

## Appendix G: Crime and Safety Update

Mechanism	Years	< 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count
Unspecified	2013	0	0	0	0	0	0	0	0	2	0	2	1	7	12
	2014	0	0	0	0	0	0	0	0	0	1	1	2	2	6
	2015	0	0	0	0	0	0	0	1	2	3	2	5	5	18
	2016	0	1	0	0	0	0	0	0	0	1	2	2	8	14
	2017	0	0	0	0	0	0	1	0	0	0	1	4	1	7
Total	2013	9	5	1	5	11	18	36	25	43	46	26	37	36	298
	2014	6	5	1	3	7	19	39	25	44	42	22	33	54	300
	2015	10	9	3	0	7	18	37	42	36	33	23	41	32	291
	2016	9	4	9	3	10	29	58	37	66	54	29	39	51	398
	2017	12	6	3	1	11	18	47	43	53	50	42	42	40	368

Source: FL Health CHARTS Florida Department of Health, Bureau of Vital Statistics, 2013 - 2017

## Appendix G: Crime and Safety Update

Chart 57

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
<b>Unintentional Injury Deaths</b>						
Ages 5-9	Rate per 100,000 of population	2011-2013		3	2.5	3.1
		2012-2014		4	3.3	3.4
		2013-2015		5	4.1	3.8
		2014-2016		13	10.6	4.4
		2015-2017		15	12.1	4.3
Ages 10-14	Rate per 100,000 of population	2011-2013		7	5.8	4.2
		2012-2014		9	7.4	3.7
		2013-2015		8	6.5	3.4
		2014-2016		6	4.8	3.8
		2015-2017		4	3.2	4.7
Ages 15-19	Rate per 100,000 of population	2011-2013	3	37	31.0	18.2
		2012-2014	3	31	26.2	17.2
		2013-2015	3	25	21.1	18.0
		2014-2016	2	24	19.9	20.4
		2015-2017	2	28	22.7	21.9

Source: FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2013-2017

# Appendix H: Communicable and Infectious Disease Update

2015 CHA data

Most current data

## Charts 60-61

Indicator	Rate Type	Year(s)	Quartile & Trend	Polk Rate Per 100,000 Total Population	State Rate Per 100,000 Total Population
<b>Bacterial STDs</b>					
Total Gonorrhea, Chlamydia & Infectious Syphilis Cases	Per 100,000 Population	2011-2013	2	503.7	521.6
	Per 100,000 Population	2012-2014	3	535.5	530.6
	Per 100,000 Population	2013-2015	3	585.3	554.4
Chlamydia Cases Reported	Per 100,000 Population	2011-2013	3	417.4	409.1
	Per 100,000 Population	2012-2014	3	437.8	416.8
	Per 100,000 Population	2013-2015	4	463.7	433.0
	Per 100,000 Population	2014-2016	3	469.7	449.6
Gonorrhea Cases Reported	Per 100,000 Population	2011-2013	3	79.7	105.0
	Per 100,000 Population	2012-2014	3	90.8	105.4
	Per 100,000 Population	2013-2015	4	113.9	111.9
	Per 100,000 Population	2014-2016	4	132.7	122.2
Infectious Syphilis Cases Reported	Per 100,000 Population	2011-2013	4	6.4	7.2
	Per 100,000 Population	2012-2014	4	6.7	8.0
	Per 100,000 Population	2013-2015	4	7.3	9.1
	Per 100,000 Population	2014-2016	4	8.1	10.4

Source: FL Health CHARTS County Health Status Summary, Polk County 2013-2017



## Appendix H: Communicable and Infectious Disease Update

Chart 62

3-Year Rolling Rate	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Reported HIV Cases						
Reported HIV Cases	Rate per 100,000 of population	2011-2013	3	277	15.1	23.6
		2012-2014	2	264	14.3	23.2
		2013-2015	2	279	14.9	23.2
		2014-2016	3	305	16.0	23.6
		2015-2017	3	317	16.2	23.8

Source: FL Health CHARTS, Florida Department of Health, HIV/AIDS Section

Chart 64

3-Year Rolling Rate	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Tuberculosis Cases						
Tuberculosis Cases	Rate per 100,000 of population	2011-2013	3	45	2.5	3.6
		2012-2014	3	44	2.4	3.3
		2013-2015	3	55	2.9	3.1
		2014-2016	3	53	2.8	3.1
		2015-2017	3	48	2.5	2.9

Source: FL Health CHARTS, Florida Department of Health, Division of Disease Control and Health Protection, Tuberculosis Section

Chart 65

3-Year Rolling Rate	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Pertussis Cases						
Pertussis Cases	Rate per 100,000 of population	2011-2013	4	94	5.1	2.8
		2012-2014	3	82	1.04.4	3.5
		2013-2015	3	78	4.2	3.0
		2014-2016		46	2.4	2.3
		2015-2017		35	1.8	1.7

Source: FL Health CHARTS, Florida Department of Health, Division of Public Health Statistics & Performance Management, Merlin.

## Appendix H: Communicable and Infectious Disease Update

Chart 66

Indicator	Rate Type	Year(s)	Polk	Quartile & Trend	State
<b>Immunizations</b>					
Percent of Two Year Old Children Fully Immunized	Percent of 2-yr olds	2014	81.3%		85.7%
	Percent of 2-yr olds	2015	79.5%		85.5%
	Percent of 2-yr olds	2016	82.4%		83.4%
	Percent of 2-yr olds	2017	87.3%		86.1%
Percent of Kindergarten Children Fully Immunized	Percent	2012-2014	96.2%	2	92.6%
	Percent	2013-2015	95.9%	1	92.8%
	Percent	2014-2016	96.3%	2	93.4%
	Percent	2015-2017	96.4%	2	93.7%
Immunization at age 13	Percent	2012-2014	97.6%	2	92.6%
	Percent	2013-2015	97.6%	2	95.9%
	Percent	2014-2016	97.6%	2	96.2%
	Percent	2015-2017	97.6%	2	96.0%

Source: FL Health CHARTS, Florida Department of Health, Bureau of Immunization

# Appendix I: Maternal and Infant Health Update

Chart 69

2015 CHA data

Most current data

Least favorable disparity

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Birth Family Characteristics						
Births to mothers ages 15-19	Per 1,000 of female population	2011-2013	3	2226	38.8	27.0
		2012-2014	3	2090	36.7	24.9
		2013-2015	3	1941	33.8	22.7
		2014-2016	3	1784	30.4	21.0
		2015-2017	3	1659	27.6	19.7
Repeat births to mothers ages 15-19	Percent of births 15-19	2011-2013	3	395	17.7%	16.9%
		2012-2014	3	369	17.7%	16.6%
		2013-2015	3	339	17.5%	16.2%
		2014-2016	3	304	17.0%	16.1%
		2015-2017	3	272	16.4%	15.7%
Births to mothers > 35	Per 1,000 of female population > 35	2011-2013	3	1740	3.3	4.5
		2012-2014	3	1739	3.3	4.6
		2013-2015	3	1800	3.3	4.7
		2014-2016	3	1902	3.4	4.8
		2015-2017	3	1996	3.5	4.9
Births to mothers >18 without high school education	Percent of births >18	2011-2013	4	4303	21.1%	13.0%
		2012-2014	4	4190	20.0%	12.3%
		2013-2015	3	4065	19.1%	11.7%
		2014-2016	3	3911	17.8%	11.2%
		2015-2017	3	3715	16.8%	11.1%
Pre-conception Health and Behaviors						
Females >17 who engage in heavy or binge drinking	Percent of adult females	2010	2		8.1%	10.5%
		2013	1		6.6%	12.2%
		2016	1		7.6%	13.7%
Females 15-34 with sexually transmitted diseases	Per 100,000 females age 15-34	2013	3	2206	2918.2	2617.5
		2014	4	2299	2985.8	2581.7
		2015	3	2450	3108.1	2746.1
		2016	3	2368	2927.4	2796.8
		2017	3	2541	3068.9	2912.3
Females >17 who are current smokers	Percent of adult females	2010	3		21.2%	16.0%
		2013	1		13.2%	14.4%
		2016	2		14.4%	13.3%

## Appendix I: Maternal and Infant Health Update

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Births to underweight mothers at the time pregnancy occurred	Percent of total births	2011-2013	3	1059	4.9%	4.5%
		2012-2014	3	1008	4.6%	4.3%
		2013-2015	3	972	4.4%	4.1%
		2014-2016	2	920	4.0%	4.0%
		2015-2017	2	890	3.9	4.1
Births to overweight mothers at the time pregnancy occurred	Percent of total births	2011-2013	4	5472	25.2%	23.9%
		2012-2014	4	5617	25.4%	24.0%
		2013-2015	4	5746	25.7%	24.3%
		2014-2016	4	5985	26.1%	24.4%
		2015-2017	3	6085	26.9%	26.3%
Births to obese mothers at the time pregnancy occurred	Percent of total births	2011-2013	4	5989	27.6%	20.8%
		2012-2014	4	6140	27.8%	21.1%
		2013-2015	3	6311	28.2%	21.5%
		2014-2016	3	6657	29.1%	22.0%
		2015-2017	3	6993	31.0%	24.1%
Births with inter-pregnancy interval <18 months	Percent of total births	2011-2013	3	5124	38.0%	35.1%
		2012-2014	3	5138	37.8%	34.7%
		2013-2015	4	5227	38.1%	34.4%
		2014-2016	3	5337	37.9%	34.6%
		2015-2017	3	5596	38.2%	34.7%
Pregnancy and Health Behaviors						
Births to mothers who report smoking during pregnancy	Percent of total births	2011-2013	2	2008	9.3%	6.6%
		2012-2014	2	1974	8.9%	6.5%
		2013-2015	2	1855	8.3%	6.2%
		2014-2016	2	1740	7.6%	5.7%
		2015-2017	2	1577	6.8%	5.2%
Access to Services						
Births to mothers with 1 <sup>st</sup> trimester prenatal care	Percent of births with known PNC status	2011-2013	3	15060	73.4%	80.1%
		2012-2014	3	15215	73.7%	79.8%
		2013-2015	3	15354	73.9%	79.5%
		2014-2016	3	15732	74.0%	79.0%
		2015-2017	3	15870	73.1%	78.3%
Births to mothers with late or no prenatal care	Percent of births with known PNC status	2011-2013	3	1179	5.7%	4.7%
		2012-2014	2	1173	5.7%	5.0%
		2013-2015	2	1190	5.7%	5.2%
		2014-2016	2	1286	6.0%	5.6%
		2015-2017	3	1466	6.8%	6.1%
Births with adequate prenatal care (Kotelchuck index)	Percent of adequate prenatal care	2011-2013	3	13415	61.8%	65.0%
		2012-2014	3	13188	59.6%	64.6%
		2013-2015	3	13138	58.8%	63.9%
		2014-2016	3	13448	58.7%	63.0%

## Appendix I: Maternal and Infant Health Update

		2015-2017	4	13867	64.3%	70.5%
Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Births with self-pay for delivery payment source (uninsured women)	Percent of total births	2011-2013	3	1342	6.2%	7.8%
		2012-2014	3	1243	5.6%	7.1%
		2013-2015	3	1221	5.5%	6.6%
		2014-2016	3	1190	5.2%	6.4%
		2015-2017	3	1164	5.0%	6.3%
Births covered by Medicaid	Percent of total births	2011-2013	3	13267	61.1%	50.8%
		2012-2014	3	13640	61.7%	50.9%
		2013-2015	3	13614	60.9%	50.1%
		2014-2016	3	13815	60.3%	48.9%
		2015-2017	3	13905	60.2%	48.8%
C-section deliveries	Percent of total births	2011-2013	2	7125	32.8%	38.0%
		2012-2014	2	7144	32.3%	37.7%
		2013-2015	2	7180	32.1%	37.4%
		2014-2016	2	7336	32.0%	37.3%
		2015-2017	2	7444	32.2%	37.3%

Source: FL Health CHARTS Pregnancy and Young Child Profile, Polk County 2013-2017

Chart 70

Measure	Rate Type	Year(s)	County Quartile	County Number (Average)	County Rate	State Comparison
Birth Outcomes						
Live births under 1500 grams (Very Low Birth Weight)	Percent of total births	2011-2013	3	340	1.6%	1.6%
		2012-2014	3	354	1.6%	1.6%
		2013-2015	3	347	1.6%	1.6%
		2014-2016	3	369	1.6%	1.6%
		2015-2017	2	355	1.5%	1.6%
Live births under 2500 grams (Low Birth Weight)	Percent of total births	2011-2013	2	1773	8.2%	8.6%
		2012-2014	3	1876	8.5%	8.6%
		2013-2015	3	1877	8.4%	8.6%
		2014-2016	2	1883	8.2%	8.7%
		2015-2017	2	1901	8.2%	8.7%
Preterm births (births <37 weeks gestation)	Percent of total births	2011-2013	2	2093	9.6%	10.2%
		2012-2014	2	2161	9.8%	10.1%
		2013-2015	2	2136	9.6%	10.0%
		2014-2016	2	2162	9.4%	10.0%
		2015-2017	1	2202	9.5%	10.1%

Source: FL Health CHARTS Pregnancy and Young Child Profile, Polk County 2013-2017

## Appendix I: Maternal and Infant Health Update

Chart 71

Measure	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Maternal and Child Health						
Births to mothers ages 15-19	Per 1,000 of female population	2011-2013	44.2	38.3	47.8	35.8
		2012-2014	41.5	36.1	44.5	34.0
		2013-2015	38.0	33.4	40.6	31.3
		2014-2016	35.6	29.6	34.1	28.9
		2015-2017	33.8	26.4	30.7	26.3
Repeat births to mothers ages 15-19	Percent of births 15-19	2011-2013	19.4%	17.4%	23.0%	15.4%
		2012-2014	17.4%	17.9%	20.8%	16.3%
		2013-2015	18.2%	17.3%	19.8%	16.3%
		2014-2016	17.6%	17.0%	18.1%	16.6%
		2015-2017	18.9%	16.0%	16.7%	16.2%
Births to mothers over 18 without a high school education	Percent of total births	2011-2013	19.4%	22.0 %	39.7%	15.1%
		2012-2014	18.7%	20.7%	36.7%	14.6%
		2013-2015	18.3%	19.6%	34.2%	14.1%
		2014-2016	16.7%	18.4%	31.2%	13.1%
		2015-2017	15.2%	17.4%	28.2%	12.6%
Births to mothers who smoked during pregnancy	Percent of total births	2011-2013	6.0%	10.2%	2.8%	11.4%
		2012-2014	5.6%	10.0%	2.7%	11.0%
		2013-2015	4.6%	9.4%	2.9%	10.1%
		2014-2016	4.2%	8.6%	2.6%	9.4%
		2015-2017	3.8%	7.7%	2.3%	8.5%
Mothers who initiate breastfeeding	Percent of total births	2011-2013	63.5%	80.2%	83.7%	74.8%
		2012-2014	66.2%	81.8%	84.6%	76.9%
		2013-2015	68.6%	83.0%	85.8%	78.4%
		2014-2016	70.7%	84.4%	86.9%	80.0%
		2015-2017	72.5%	84.9%	87.4%	80.7%
Maternal and Child Health						
Births with 1 <sup>st</sup> trimester prenatal care	Percent of births with known PNC status	2011-2013	66.4%	75.2%	71.0%	74.3%
		2012-2014	66.6%	75.6%	71.4%	74.5%
		2013-2015	66.7%	75.8%	71.2%	74.8%
		2014-2016	66.1%	76.1%	71.6%	74.9%
		2015-2017	65.7%	75.2%	70.6%	74.1%
Births with no prenatal care	Percent of births with known PNC status	2011-2013	2.2%	1.3%	1.3%	1.6%
		2012-2014	2.4%	1.5%	1.3%	1.7%
		2013-2015	3.0%	1.6%	1.3%	2.0%
		2014-2016	3.4%	1.8%	1.7%	2.3%
		2015-2017	3.8%	2.1%	2.1%	2.6%

## Appendix I: Maternal and Infant Health Update

Measure	Rate Type	Year(s)	Black Rate	White Rate	Hispanic Rate	Non-Hispanic Rate
Preterm births (births <37 weeks gestation)	Percent of total births	2011-2013	12.4%	9.0%	8.3%	12.7%
		2012-2014	12.7%	9.1%	8.3%	12.9%
		2013-2015	12.3%	8.9%	8.6%	12.5%
		2014-2016	12.6%	8.6%	8.3%	9.8%
		2015-2017	12.4%	8.8%	8.4%	9.9%
Births <1500 grams (Very Low Birth Weight)	Percent of total births	2011-2013	2.6%	1.3%	1.4%	1.6%
		2012-2014	2.8%	1.3%	1.5%	1.6%
		2013-2015	2.9%	1.2%	1.4%	1.6%
		2014-2016	3.3%	1.2%	1.2%	1.8%
		2015-2017	3.1%	1.1%	1.1%	1.7%
Births <2500 grams (Low Birth Weight)	Percent of total births	2011-2013	11.4%	7.4%	7.3%	8.5%
		2012-2014	12.1%	7.6%	7.2%	8.9%
		2013-2015	12.7%	7.2%	7.3%	8.8%
		2014-2016	13.2%	6.9%	7.0%	8.7%
		2015-2017	13.2%	6.9%	7.3%	8.6%
Very Low Birth Weight infants born in subspecialty perinatal centers	Percent of total births	2011-2013	58.0%	64.2%	63.6%	61.1%
		2012-2014	57.0%	62.6%	62.7%	59.9%
		2013-2015	52.4%	57.0%	61.3%	53.8%
		2014-2016	53.7%	57.0%	64.3%	53.9%
		2015-2017	57.0%	54.8%	64.2%	53.7%
Fetal deaths	Deaths per 1,000 deliveries	2011-2013	14.8	6.7	6.4	8.4
		2012-2014	13.6	6.4	5.6	8.0
		2013-2015	11.8	7.1	5.8	8.4
		2014-2016	11.8	6.3	6.0	7.6
		2015-2017	12.0	6.4	6.6	7.6
Infant deaths (0-364 days)	Deaths per 1,000 live births	2011-2013	12.4	6.1	7.0	7.1
		2012-2014	10.8	6.5	7.1	7.1
		2013-2015	14.5	5.6	6.5	7.6
		2014-2016	17.3	4.9	5.0	8.3
		2015-2017	19.4	4.8	4.9	8.7
Sudden Unexpected Infant Deaths (SUID)	Deaths per 1,000 live births	2011-2013	1.2	0.9	0.4	1.1
		2012-2014	2.1	1.1	0.7	1.4
		2013-2015	3.2	1.1	0.7	1.7
		2014-2016	3.5	0.9	0.5	1.7
		2015-2017	3.7	0.9	0.8	1.8

Source: FL Health CHARTS Minority Health Profile - Black, Polk County, 2013-2017

FL Health CHARTS Minority Health Profile - Hispanic, Polk County, 2013-2017

# Appendix J: Child Health Update

2015 CHA data

Most current data

Chart 72

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Potentially Avoidable Hospitalizations						
Asthma hospitalizations per 100,000 population (3-year-rate)						
1-5	Per 100,000	2010-2012	<div></div> 4	1,351	1,167.2	910.7
		2011-2013	<div></div> 4	1,355	1,167.8	898.7
		2012-2014	<div></div> 4	1,233	1,079.5	848.5
		2013-2015	<div></div> 4	1,051	921.0	759.3
		2014-2016	<div></div> 4	747	650.2	548.6
		2015-2017	<div></div> 4	870	744.4	642.8
5-11	Per 100,000	2010-2012	<div></div> 4	1127	682.2	457.4
		2011-2013	<div></div> 4	1165	700.2	472.4
		2012-2014	<div></div> 4	1123	668.2	475.8
		2013-2015	<div></div> 4	1052	618.3	467.6
		2014-2016	<div></div> 4	985	571.8	450.6
		2015-2017	<div></div> 4	961	552.6	422.4
12-18	Per 100,000	2010-2012	<div></div> 4	845	502.0	344.6
		2011-2013	<div></div> 4	839	499.3	365.4
		2012-2014	<div></div> 4	826	491.6	393.9
		2013-2015	<div></div> 4	895	529.2	422.9
		2014-2016	<div></div> 4	1004	585.0	443.4
		2015-2017	<div></div> 4	1173	672.8	450.2
Percent of students who report having asthma						
Middle school	Percent	2012	<div></div> 3		21%	20.1%
High school	Percent	2012	<div></div> 4		24%	20.8%
Percent of students with known asthma*						
Middle school*	Percent	2010			20.9%	18.0%
		2012			21.0%	20.1%
		2014			19.8%	20.2%
		2016			22.1%	19.5%
High school*	Percent	2010			20.2%	18.7%
		2012			24.0%	20.8%
		2014			23.8%	21.2%
		2016			21.2%	20.6%

\*Please see Appendix for updated data



## Appendix J: Child Health Update

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Diabetes hospitalizations per 100,000 population (3-year-rate)						
5-11	Per 100,000	2010-2012		87	52.7	41.2
		2011-2013		73	43.9	40.6
		2012-2014		69	41.1	41.2
		2013-2015		71	41.7	42.5
		2014-2016		87	50.5	43.5
		2015-2017		92	52.9	43.0
12-18	Per 100,000	2010-2012	<div><div></div></div> 3	649	385.6	318.4
		2011-2013	<div><div></div></div> 4	565	336.3	271.5
		2012-2014	<div><div></div></div> 4	558	332.1	245.0
		2013-2015	<div><div></div></div> 4	668	394.9	305.4
		2014-2016	<div><div></div></div> 4	652	379.9	319.1
		2015-2017	<div><div></div></div> 3	275	157.7	138.9
Insufficient Physical Activity						
Percent of students without sufficient vigorous physical activity						
Middle school	Percent	2012	<div><div></div></div> 4		36.5%	29.9%
		2016	<div><div></div></div> 4		85.6%	78.3%
High school	Percent	2012	<div><div></div></div> 3		39%	37.3%
		2016	<div><div></div></div> 4		83.7%	80.6%
Obesity						
WIC children ≥ 2 who are overweight or obese	Percent of WIC children ≥ 2	2013	<div><div></div></div> 4		30.7%	27.6%
		2014	<div><div></div></div> 3		29.7%	26.7%
		2015	<div><div></div></div> 3		28.8%	26.3%
		2016	<div><div></div></div> 3		28.8%	26.4%
		2017	<div><div></div></div> 3		28.4%	26.0%
Percent of students reporting BMI at or above 95 <sup>th</sup> percentile						
Middle school	Percent	2012	<div><div></div></div> 3		14%	11.6%
		2016	<div><div></div></div> 3		16.4%	12.6%
High school	Percent	2012	<div><div></div></div> 3		14.3%	11.1%
		2016	<div><div></div></div> 4		18.5%	13.3%

Source: FL Health CHARTS Pregnancy and Young Child Profile, Polk County, 2012-2017

FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2012-2017

## Appendix J: Child Health Update

Chart 73

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Mental Health						
Hospitalizations for self-inflicted injuries per 100,000 pop. (3-yr. rate)						
12-18	Per 100,000	2010-2012		121	71.9	64.4
		2011-2013	3	131	78.0	76.7
		2012-2014	3	156	92.8	93.1
Hospitalizations for eating disorders per 100,000 pop. (3-yr. rate)						
12-18	Per 100,000	2010-2012		23	13.7	17.5
		2011-2013		29	17.3	23.0
		2012-2014		31	18.5	29.0
Suicide Deaths per 100,000 population (3-year rate)						
12-18	Per 100,000	2011-2013		11	6.5	4.5
		2012-2014		10	6.0	4.9
		2013-2015		12	7.1	4.8
		2014-2016	2	8	4.7	5.1
		2015-2017		6	3.4	5.3
Percent of emotionally handicapped children in schools grades K-12						
K-12 Students	Percent	2013	1	411	0.4%	0.7%
		2014	1	410	0.4%	0.7%
		2015	1	376	0.4%	0.6%
		2017	1	317	0.3%	0.5%
Arrests, All Offenses by County, Youth Ages 10-17						
Youth ages 10-17	Per 100,000	2011-2013	4	11,789	6,120.4	3,274.9
		2012-2014	4	17,223	8,902.3	4,708.1
		2013-2015	4	16,145	8,273.4	4,320.1
		2014-2016	4	15,917	8,052.8	4,028.3

Source: FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2012-2017

## Appendix J: Child Health Update

Chart 74

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Tobacco Use						
Percent of students smoking cigarettes in the past 30 days						
Middle school	Percent	2012	3		5.8%	3.3%
		2016	3		3.1%	1.7%
High school	Percent	2012	2		12.5%	10.1%
		2016	3		10.3%	5.2%
Sexual Activity						
Births to teenage mothers per 1,000 females (3-year rate)						
15-19	Per 1,000 females 15-19	2011-2013	3	2226	38.8	27.0
		2012-2014	3	2090	36.7	24.9
		2013-2015	3	1941	33.8	22.7
		2014-2016	3	1784	30.4	21.0
		2015-2017	3	1659	27.6	19.7
15-17	Per 1,000 females 15-17	2011-2013	4	670	19.3	12.0
		2012-2014	3	591	17.1	10.8
		2013-2015	3	506	14.5	9.7
		2014-2016	3	422	11.9	8.9
		2015-2017	3	384	10.6	8.2
18-19	Per 1,000 females 18-19	2011-2013	3	1556	68.8	49.7
		2012-2014	3	1499	66.7	46.4
		2013-2015	3	1435	63.4	42.4
		2014-2016	3	1362	58.8	39.4
		2015-2017	3	1275	53.8	37.0
Percent of repeat births to teenage mothers (3-year rate)						
15-19	Percent of births 15-19	2011-2013	3	395	17.7%	16.9%
		2012-2014	3	369	17.7%	16.6%
		2013-2015	3	339	17.5%	16.2%
		2014-2016	3	304	17%	16.1%
		2015-2017	3	272	16.4%	15.7%
15-17	Percent	2011-2013	3	52	7.8%	7.7%
		2012-2014	3	44	7.4%	7.4%
		2013-2015	3	42	8.3%	7.6%
		2014-2016	3	29	6.9%	7.5%
		2015-2017	3	30	7.8%	7.6%
18-19	Percent	2011-2013	3	343	22%	20.3%
		2012-2014	3	325	21.7%	19.8%
		2013-2015	3	297	20.7%	19.3%
		2014-2016	3	275	20.2%	19%
		2015-2017	3	242	19%	18.4%

\*Please see Appendix for updated data

## Appendix J: Child Health Update

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Bacterial STDs 15-19 Per 100,000		2011-2013	<div><div></div><div></div><div></div><div></div><div></div></div> 2	2608	2,183.3	2,259.6
		2012-2014	<div><div></div><div></div><div></div><div></div><div></div></div> 3	2748	2,323.7	2,164.4
		2013-2015	<div><div></div><div></div><div></div><div></div><div></div></div> 3	2961	2,498.7	2,168.9
		2014-2016	<div><div></div><div></div><div></div><div></div><div></div></div> 3	3011	2,494.7	2,265.4
		2015-2017	<div><div></div><div></div><div></div><div></div><div></div></div> 3	3139	2,549.3	2,448.3
Substance Abuse						
Percent of students who used alcohol in the past 30 days						
Middle school	Percent	2012	<div><div></div><div></div><div></div><div></div><div></div></div> 3		14.3%	12.3%
		2016	<div><div></div><div></div><div></div><div></div><div></div></div> 2		7.9%	8.3%
High school	Percent	2012	<div><div></div><div></div><div></div><div></div><div></div></div> 2		33.8%	33.9%
		2016	<div><div></div><div></div><div></div><div></div><div></div></div> 1		22.9%	25.5%
Percent of students reporting binge drinking						
Middle school	Percent	2012	<div><div></div><div></div><div></div><div></div><div></div></div> 3		6.4%	4.7%
		2016	<div><div></div><div></div><div></div><div></div><div></div></div> 3		5%	3.2%
High school	Percent	2012	<div><div></div><div></div><div></div><div></div><div></div></div> 1		15.3%	16.4%
		2016	<div><div></div><div></div><div></div><div></div><div></div></div> 2		11.4%	10.9%
Percent of students using marijuana/hashish in the past 30 days						
Middle school	Percent	2012	<div><div></div><div></div><div></div><div></div><div></div></div> 3		5.2%	4.2%
		2016	<div><div></div><div></div><div></div><div></div><div></div></div> 4		5.3%	3.2%
High school	Percent	2012	<div><div></div><div></div><div></div><div></div><div></div></div> 2		15.8%	18.5%
		2016	<div><div></div><div></div><div></div><div></div><div></div></div> 2		16.5%	17%

Source: FL Health CHARTS Pregnancy and Young Child Profile, Polk County, 2012-2017

FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2012-2017

## Appendix J: Child Health Update

Chart 75

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Learning Environment						
Percentage of K-12 students absent 21+ days	Percent	2012	<div><div>2</div></div>		8.1%	9.1%
		2013	<div><div>1</div></div>		7.5%	11.1%
		2014	<div><div>1</div></div>		7.2%	9.6%
		2015	<div><div>1</div></div>		7.6%	9.7%
		2016	<div><div>1</div></div>		7.6%	10.1%
Percent of children not promoted						
Elementary school	Percent	2012	<div><div>3</div></div>	2,320	5.2%	3.6%
		2013	<div><div>3</div></div>	2,207	4.9%	3.7%
		2014	<div><div>3</div></div>	1,980	4.3%	3.5%
		2015	<div><div>2</div></div>	1,301	2.8%	2.6%
		2016	<div><div>2</div></div>	1,502	3.2%	3.4%
Middle school	Percent	2012	<div><div>3</div></div>	638	2.9%	2.3%
		2013	<div><div>3</div></div>	518	2.4%	2.2%
		2014	<div><div>3</div></div>	696	3.2%	2.1%
		2015	<div><div>3</div></div>	570	2.6%	2.2%
		2016	<div><div>4</div></div>	966	4.4%	2.1%
High school graduation rate	Percent	2012	<div><div>3</div></div>		67.6%	74.5%
		2013	<div><div>3</div></div>		69.4%	75.6%
		2014	<div><div>4</div></div>		69%	76.1%
		2015	<div><div>4</div></div>		69.4%	77.9%
		2016	<div><div>4</div></div>		71.8%	80.7%
		2017	<div><div>4</div></div>		75.4%	82.3%
Out of school suspensions per 100,000 students						
Out of School Suspensions K-12	Per 100,000	2010-2012	<div><div>4</div></div>	28,137	9,586.3	5,842.7
		2011-2013	<div><div>4</div></div>	29,497	9,970.5	5,839.3
		2012-2014	<div><div>4</div></div>	31,465	10,536.8	5,944.5
		2014-2016	<div><div>4</div></div>	36,072	12,159.2	5,952.1
Percent of students feeling safe at school						
Middle school	Percent	2012	<div><div>3</div></div>		76.3%	79.1%
		2016	<div><div>4</div></div>		90.5%	94.4%
High school	Percent	2012	<div><div>3</div></div>		77.4%	79.8%
		2016	<div><div>3</div></div>		92.7%	93.6%
Percent of students ready for school at kindergarten entry	Percent	2012	<div><div>3</div></div>		90.5%	91.1%
		2013	<div><div>3</div></div>		90.7%	91.2%
		2014	<div><div>4</div></div>		88.1%	91.4%

Source: FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2012-2017

## Appendix J: Child Health Update

Chart 76

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Social Environment						
Children in foster care per 100,000 population						
5-11	Per 100,000	2012	<div><div></div></div> 4	269	487.5	354.3
		2013	<div><div></div></div> 3	241	430.4	352.3
		2014	<div><div></div></div> 3	255	448.2	383.1
		2015	<div><div></div></div> 3	259	452.4	408.0
		2016	<div><div></div></div> 3	289	497.4	426.0
		2017	<div><div></div></div> 3	284	485.2	413.7
12-17	Per 100,000	2012	<div><div></div></div> 4	288	599.1	423.6
		2013	<div><div></div></div> 4	253	526.5	389.6
		2014	<div><div></div></div> 4	268	550.2	399.3
		2015	<div><div></div></div> 3	227	462.2	404.4
		2016	<div><div></div></div> 3	211	421.4	412.8
		2017	<div><div></div></div> 3	240	471.4	410.6
Children 5-11 experiencing child abuse	Per 100,000	2010-2012	<div><div></div></div> 2	1,845	1,116.9	1,214.3
		2011-2013	<div><div></div></div> 1	1,766	1,061.5	1,198.9
		2012-2014	<div><div></div></div> 1	1,596	949.6	1,131.7
		2013-2015	<div><div></div></div> 1	1,441	846.9	1,061.3
		2014-2016	<div><div></div></div> 2	1,534	890.5	995.0
		2015-2017	<div><div></div></div> 2	1,636	940.8	932.8
Children 5-11 experiencing sexual violence	Per 100,000	2009-2011	<div><div></div></div> 2	124	74.7	60.6
		2010-2012	<div><div></div></div> 2	132	79.9	68.2
		2011-2013	<div><div></div></div> 3	144	86.6	67.4
		2012-2014	<div><div></div></div> 2	123	73.2	67.2
		2013-2015	<div><div></div></div> 2	111	65.2	61.4
		2014-2016	<div><div></div></div> 2	107	62.1	60.6
		2015-2017	<div><div></div></div> 2	132	75.9	59.8
Socioeconomic Data						
Percent of students eligible for free/reduced lunch						
Elementary school	Percent	2013	<div><div></div></div> 3	32,673	72.5%	62.8%
		2014	<div><div></div></div> 2	27,972	61.3%	61.8%
		2015	<div><div></div></div> 2	27,858	60.3%	61.7%
		2016	<div><div></div></div> 2	28,999	62.3%	62.4%
		2017	<div><div></div></div> 2	28,001	59.6%	61.7%
Middle school	Percent	2013	<div><div></div></div> 3	14,641	67.2%	59.7%
		2014	<div><div></div></div> 3	13,974	63.6%	59.7%
		2015	<div><div></div></div> 2	12,946	58.9%	59.2%
		2016	<div><div></div></div> 2	12,675	57.6%	58.6%
		2017	<div><div></div></div> 2	12,455	55.4%	57.9%

Source: FL Health CHARTS Pregnancy and Young Child Profile, Polk County, 2012-2017

FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2010-2017

## Appendix J: Child Health Update

Chart 77

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Injuries and Violence (3-year rates)						
Licensed drivers in motor vehicle crashes per 1,000 licensed drivers						
15-18	Per 1,000	2013	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><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\*Please see Appendix for updated data

Measure	Rate Type	Year(s)	County Quartile	County Number	County Rate	State Comparison
Traumatic brain injury deaths per 100,000 population						
5-11	Per 100,000	2011-2013		3	1.8	1.3
		2012-2014		4	2.4	1.1
		2013-2015		3	1.8	1.3
		2014-2016		8	4.6	1.4
		2015-2017		8	4.6	1.4
12-18	Per 100,000	2011-2013		17	10.1	6.6
		2012-2014		21	12.5	6.8
		2013-2015		21	12.4	6.7
		2014-2016		17	9.9	7.4
		2015-2017		13	7.5	7.7
Non-fatal traumatic brain injury hospitalizations per 100,000 population						
5-11	Per 100,000	2010-2012		33	20.0	26.3
		2011-2013		33	19.8	25.3
		2012-2014		28	16.7	25.1
12-18	Per 100,000	2010-2012	2	79	46.9	58.0
		2011-2013	2	87	51.8	56.6
		2012-2014	2	96	57.1	56.1
Other non-fatal unintentional injury hospitalizations per 100,000 pop.						
5-11	Per 100,000	2010-2012	2	249	150.7	166.7
		2011-2013	3	277	166.5	168.4
		2012-2014	2	274	163.0	166.3
12-18	Per 100,000	2010-2012	2	375	222.8	280.7
		2011-2013	2	416	247.6	289.2
		2012-2014	3	431	256.5	292.2
Violent acts in school per 1,000 students grades K-12	Per 1,000	2010-2012	3	4165	14.2	13.3
School environment safety incidents*	Per 1,000	2012-2014		7,058	23.6	24.7
		2013-2015		6,886	23.4	25.1
		2014-2016		9,402	31.7	25.7
		2015-2017		9,074	30.4	25.8

Source: FL Health CHARTS School-Aged Child and Adolescent Profile, Polk County 2010-2017